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ABSTRACT

This report presents results of a 1992 conference on the unique needs of minorities with disabilities. Major recommendations include: increased coordination of government policies and programs for this population; authorization of targeted research on minorities with disabilities; outreach efforts to ensure participation by minorities with disabilities; development of a data set sufficient to assess the incidence and prevalence of disabilities; and enforcement of the Americans with Disabilities Act (ADA). Also included are findings of a 1992 public hearing on how minorities with disabilities are faring under the ADA. Summaries of commissioned papers presented at the conference are also provided. Papers are as follows: (1) "Introduction: Minorities with Disabilities" (Paul Leung and Tennyson J. Wright); (2) "Educational Needs of Minorities with Disabilities" (Frederick D. Bedell); (3) "The Vocational Rehabilitation of Minorities" (Frank L. Giles); (4) "Employment of Minorities with Disabilities" (Alyce Earl Jenkins); (5) "Empowerment of Minorities with Disabilities" (Eva P. Britt); (6) "Mental Health and Minorities: Emerging Issues" (Timothy Summers); (7) "Prevention of Primary and Secondary Disabilities" (Julie Clay); (8) "Minorities, Physical Health and Disability" (Anita Leal); (9) "Substance Abuse and Disabilities among Minorities" (James G. Brown); and (10) "Research Needs Related to Minorities with Disabilities" (Paul Leung). Appendices include the conference program, list of conference participants, the ADA Watch Hearing agenda, and biographies of National Council personnel. (DB)

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Meeting the Unique Needs of Minorities with Disabilities

A Report to the President and the Congress

National Council on Disability

April 26, 1993

EC 302068

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Meeting the Unique Needs of Minorities with Disabilities

Prepared under contract by:
Tennyson J. Wright, Ph.D., CRC
and Paul Leung, Ph.D.

A Report to the President and the Congress

National Council on Disability

April 26, 1993

MEETING THE UNIQUE NEEDS OF MINORITIES WITH DISABILITIES: A REPORT TO THE PRESIDENT AND THE CONGRESS

Publication date: April 26, 1993

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Federal Agency

Letter of Transmittal

April 26, 1993

The President
The White House
Washington, DC 20500

Dear Mr. President:

The National Council on Disability is pleased submit to you this special report entitled *Meeting the Unique Needs of Minorities With Disabilities: A Report to the President and the Congress.* We are particularly proud of this report, because it addresses a set of issues that has been largely overlooked by U.S. policymakers.

The National Council has targeted the significant, unmet needs of minorities with disabilities as a policy priority. Minorities constitute a disproportionate share of the disability community and have a unique set of needs in addition to those experienced by other people with disabilities. Many minority persons with disabilities face discrimination on the basis of both minority status and disability. This report reflects the results of a recent National Council conference on minorities with disabilities co-sponsored with Jackson State University in Mississippi, and a public hearing identifying the needs of minorities with respect to the Americans with Disabilities Act of 1990 (ADA), P.L. 101-336, held in San Francisco, California.

With the completion of this report, the National Council remains fully committed to ensuring that the unique needs of minorities with disabilities and their families are addressed. It is only then that we can rest assured that *all* of our citizens with disabilities have access to the American dream. We look forward to working with you in achieving that essential goal.

Sincerely,

John A. Gannon

John A. Gannon
Acting Chairperson
February 1993-Present

Sandra Swift Parrino

Sandra Swift Parrino
Chairperson
October 1983-February 1993

(This same letter of transmittal was sent to the President Pro Tempore of the Senate and the Speaker of the House of Representatives.)

Meeting the Unique Needs of Minorities with Disabilities

A Report to the President and the Congress

Summary of:

Proceedings of a Conference on Minorities with Disabilities
Co-Sponsored by the National Council on Disability
and Jackson State University
May 6–7, 1992

and

A Public Hearing Held by the National Council on Disability
on How Minorities with Disabilities Are Faring Under
the Americans with Disabilities Act of 1990
October 21, 1992

National Council on Disability

ACKNOWLEDGMENTS

The National Council on Disability wishes to thank the members of the Minorities with Disabilities Working Group and others who contributed to its minorities with disabilities initiative, including the many individuals who participated in its conference and testified at its hearing. The administration of Jackson State University was particularly helpful in developing and implementing the conference, including Dr. James E. Lyons, Sr., President; Dr. Herman Smith, Interim President; Dr. Frank Giles; and Dr. Celestine R. Jefferson. We would also like to acknowledge Alyce Jenkins, Dr. Evelyn Davis, Dr. Sylvia Walker, Dr. Vannoy Thompson, Wolanda Thompson, Edward Brewington, Elysse L. Brewington, Edward Shields, Dr. Theda R.W. Zawaiza, Dr. Ruben C. Warren, David Cabrera, David Belgrave, William Murrain, Carl Boyd, F. Burns Vick, Jr., Hope Yasui, and Dr. Frederick D. Bedell. The Council truly appreciates the support of the U.S. Department of Justice through the participation of John R. Dunne, former Assistant Attorney General for Civil Rights, and John L. Wodatch, Chief of the Public Access Section.

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MISSION OF THE NATIONAL COUNCIL ON DISABILITY

The National Council on Disability is an independent federal agency composed of 15 members appointed by the President of the United States and confirmed by the U.S. Senate. It was established in 1978 as an advisory board within the Department of Education. The Rehabilitation Act Amendments of 1984 transformed the Council into an independent agency. The mission of the National Council on Disability is to provide leadership in the identification of emerging issues affecting people with disabilities and in the development and recommendation of disability policy to the President and the Congress. The statutory mandate of the National Council includes the following:

- Reviewing and evaluating on an ongoing basis the effectiveness of all policies, programs, and activities concerning individuals with disabilities conducted or assisted by federal departments or agencies;

- Assessing the extent to which federal policies, programs, and activities provide incentives for community-based services, promote full integration of individuals with disabilities, and contribute to the independence and dignity of individuals with disabilities;

- Providing to the Congress, on an ongoing basis, advice, recommendations, and any additional information that the National Council or the Congress considers appropriate;

- Providing ongoing advice to the President, the Congress, the Commissioner of the Rehabilitation Services Administration (RSA), the Assistant Secretary of the Office of Special Education and Rehabilitative Services (OSERS), and the Director of the National Institute on Disability and Rehabilitation Research (NIDRR) on programs authorized in the Rehabilitation Act;

- Establishing general policies for reviewing the operation of NIDRR;

- Submitting an annual report with appropriate recommendations to the President and the Congress regarding the status of research affecting persons with disabilities and the activities of RSA and NIDRR;

- Providing advice to the RSA Commissioner on policies;

- Making recommendations on ways to improve research; the collection, dissemination, and implementation of research findings; and the administration of services affecting persons with disabilities;

- Reviewing and approving standards for independent living programs;
- Reviewing and approving standards for Project With Industry programs;
- Providing guidance to the President's Committee on Employment of People with Disabilities; and
- Issuing an annual report to the President and the Congress on the progress that has been made in implementing the recommendations contained in the National Council's January 30, 1986, report, *Toward Independence*.

While many government agencies address issues and programs affecting people with disabilities, the National Council is the only federal agency charged with addressing, analyzing, and making recommendations on issues of public policy that affect people with disabilities regardless of age, disability type, perceived employment potential, economic need, specific functional ability, status as a veteran, or other individual circumstance. The National Council recognizes its unique opportunity to facilitate independent living, community integration, and employment opportunities for people with disabilities by ensuring an informed and coordinated approach to addressing their concerns and eliminating barriers to their active participation in community and family life.

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This report summarizes the papers commissioned by the National Council for the conference and the testimony provided at the ADA Watch hearing on minorities with disabilities. The views expressed and the recommendations presented are those of the authors and witnesses and do not necessarily represent those of the Council.

CONFERENCE PAPERS

1. Introduction: Minorities with Disabilities

   Paul Leung, Ph.D.
   University of Illinois, Urbana-Champaign
   Champaign, Illinois

   Tennyson J. Wright, Ph.D., CRC
   University of South Florida
   Tampa, Florida

2. Educational Needs of Minorities with Disabilities

   Frederick D. Bedell, Ed.D.
   President, Del-K Educational Consultancy Services
   Albany, New York

3. The Vocational Rehabilitation of Minorities

   Frank L. Giles, Ph.D., CRC
   Department of Special Education & Rehabilitative Services
   Jackson State University
   Jackson, Mississippi

4. Employment of Minorities with Disabilities

   Alyce Earl Jenkins, M.Ed., CRC
   Associate Professor, College of Education and Human Services
   Wright State University
   Dayton, Ohio

5. Empowerment of Minorities with Disabilities

   Eva P. Britt, Staff Attorney
   Information, Protection, and Advocacy Center
   for Handicapped Individuals, Inc. (IPACHI)
   Washington, DC

6. Mental Health and Minorities: Emerging Issues

   Timothy Summers, M.D.
   Jackson, Mississippi

7. Prevention of Primary and Secondary Disabilities

   Julie Clay
   Rural Institute on Disabilities
   University of Montana
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8. Minorities, Physical Health and Disability

   Anita Leal, Ph.D.
   Director, Employee Support Program
   University of California, Santa Cruz
   Santa Cruz, California

9. Substance Abuse and Disabilities Among Minorities

   James G. Brown, Ph.D.
   Florida Department of Labor and Employment Security
   Division of Vocational Rehabilitation
   Tallahassee, Florida

10. Research Needs Related to Minorities with Disabilities

    Paul Leung, Ph.D.
    University of Illinois, Urbana-Champaign
    Champaign, Illinois

EXECUTIVE SUMMARY

> *People with disabilities have always been excluded from the bounty of our nation's resources. Minorities with disabilities, in particular, have been the most disenfranchised of the disenfranchised. It is time that we bring them into the fold as full, first-class participants in our society.*
>
> Hon. Rev. Jesse L. Jackson
> National Rainbow Coalition

The National Council on Disability, recognizing our society's general neglect of the needs of minority persons with disabilities, and the many social disadvantages that such individuals encounter, developed a key initiative on addressing the needs of minorities with disabilities. Meeting the unique needs of minorities with disabilities has been a priority for the National Council for several years. This report represents one of the many efforts that the Council has made to seek full inclusion for minorities in disability policy decision-making and development.

Disability policy and disability politics are like other areas of domestic policy and politics in our nation—they are dominated by the culture, values, and biases of the majority middle class. Unless we make determined and targeted efforts to ensure the inclusion of minorities in the policymaking process, we will not develop policies and programs that address their unique needs. Too often, little consideration is given to the needs of African Americans, Hispanic Americans, Asian Americans, Native Americans, and other minorities with disabilities. The United States consists of a diverse population and we must make a conscious effort to meet the needs of all our people.

Persons with disabilities who are also members of minorities face double discrimination and a double disadvantage in our society. They are more likely to be poor and undereducated and to have fewer opportunities than other members of the population. It is not certain why this is the case, but we can surmise that it results from the cumulative effect of poor socioeconomic status and poor health that place minorities at greater risk of disability and at greater risk of not receiving needed services if they have a disability.

The National Council's minorities with disabilities initiative has thus far included two major events—a national conference and a public hearing on the broad array of issues concerning minority persons with disabilities.

National Conference on Minorities with Disabilities

On May 6-7, 1992, at Jackson State University, the National Council on Disability convened a national conference entitled "Addressing the Unique Needs of Minorities with Disabilities: Setting an Agenda for the Future." The conference considered a wide range of disability issues, including education, rehabilitation, employment, empowerment, mental health, physical health, prevention, substance abuse, and research, as they relate to the concerns of minorities. (See Appendix A for the Conference Program.)

The conference was attended by 186 persons, most from minority backgrounds. (See Appendix B for a List of Conference Participants.) A variety of papers was commissioned by the National Council from experts on minority and disability issues, including persons with disabilities, service providers, and researchers. The papers addressed each of the nine subject areas of the conference. After the papers were presented at the conference by their authors, other experts presented their reactions to them.

The conference papers and reactions are discussed in sections 2 through 10 of this report. A summary of the general findings and recommendations of conference participants is presented in this Executive Summary. Specific recommendations concerning the various subject areas of the conference are presented in the relevant sections of this report.

Conference Findings and Recommendations

The proceedings of the conference—both in the commissioned papers and in the reactions of the experts who responded to them—contain sets of policy recommendations to improve the lives of minority persons with disabilities. Throughout the presentations, and implicit in the recommendations, are findings on the needs of minorities with disabilities. While specific consensus was not sought at the conference, there was considerable overlap among the various findings and recommendations made by participants.

This report provides a synthesis of the many findings and recommendations presented throughout the conference. The recommendations are based upon a general assumption among conference participants that disability policy and government programs should target those in our society who often have the least and need the most. The consistency of the findings and recommendations demonstrates not only their credibility, but the urgency for action.

Findings

The findings of the conference are as follows:

1. Issues involving minority persons with disabilities are complex and require the coordinated attention of many government programs as well as the competencies of professionals from many different disciplines.

2. As a group, minority persons with disabilities are more at risk, have fewer personal and family resources, have less knowledge and understanding of externally available resources, and fare less well socioeconomically than do minorities without disabilities.

3. There has been limited research on issues related to minority persons with disabilities, and consequently there are insufficient data on these populations to offer substantial guidance for policy or service development.

4. Staff for service delivery systems, including the state/federal vocational rehabilitation program, are not sufficiently trained to work with multicultural populations.

5. There have been insufficient outreach efforts to ensure the participation of minority persons with disabilities in the mainstream of their communities.

6. There have been insufficient efforts to address issues concerning prevention of disability that often affect minority persons, including the effects of racism, violence, substance abuse, and poor general health.

7. There is a need to develop and implement a data set sufficiently descriptive to assess incidence and prevalence of disabilities and the impact of interventions among all minority populations regardless of population size.

8. Education continues to be a key factor for minority persons with disabilities in achieving success; therefore, it must be designed to be more positive, focusing on the abilities of children with disabilities rather than on their limitations.

9. Minority children with disabilities require adequate academic accommodations and support through the attention of sensitive educational personnel and mentors.

10. The ADA holds great promise for minority persons with disabilities, but the promise will be realized only if specific efforts are made for outreach, education, and removal of barriers in minority communities.

11. There is a need to develop grassroots networks and to establish a funded pool of resources to help minority persons with disabilities become part of the mainstream of their communities.

Recommendations for Policymakers

The following are general recommendations that were developed during the conference. Additional specific recommendations relating to the various topics addressed by the conference can be found at the end of each section of this report.

1. Federal, state, and local agencies should coordinate government policies and programs to meet the needs of minority persons with disabilities, using the competencies of professionals from many different relevant disciplines.

2. Policies should be established by all federal, state, and local agencies that administer existing government programs to ensure the inclusion of minorities with disabilities in their programs.

3. Congress should authorize targeted research on minorities with disabilities, and federal disability research agencies such as the National Institute on Disability and Rehabilitation Research (NIDRR) and the National Center for Medical Rehabilitation Research (NCMRR) should plan and fund such research.

4. Federal disability research agencies such as NIDRR and NCMRR should develop policies that include minorities with disabilities in all disability and rehabilitation-related research.

5. Service delivery systems, including the state/federal vocational rehabilitation program, should train staff sufficiently to work with multicultural populations.

6. All federal, state, and local disability programs should develop outreach efforts to ensure the full participation of minority persons with disabilities.

7. The Department of Health and Human Services (DHHS) should develop a specific initiative to address issues concerning the prevention of disability for minority persons, including the effects of racism, violence, substance abuse, and poor general health.

8. Federal disability research agencies such as NIDRR and NCMRR should develop a data set sufficient to assess the incidence and prevalence of disabilities and the impact of intervention among all minority populations, regardless of the size of the population.

9. The Department of Education should develop policies and programs to improve the outcomes of education systems for minority persons with disabilities.

10. The Department of Labor should develop policies and programs to ensure that minority persons with disabilities will be able to participate as full members in the workforce of the future.

11. All federal, state, and local agencies responsible for implementing the ADA, including the Department of Justice, the Equal Employment Opportunity Commission, the Department of Transportation, the Federal Communications Commission, the Access Board, and NIDRR, should target greater resources to minority populations with disabilities and the communities in which they live.

12. Federal, state, and local government should foster the development of grassroots networks connected to more formal regional and national networks for the dissemination of new information and technology and should establish a funded pool of resources to help minority persons with disabilities.

Recommendations for the National Council

The following recommendations specifically target actions for the National Council on Disability, the primary sponsor of the conference, to consider:

1. Establish a National Council policy that all programs of the Council will include the perspectives of minority populations.

2. Develop and implement a national task force on minority populations with disabilities to assist in the review of ongoing and prospective Council programs and activities.

3. Collaborate with all federal agencies that address disability issues to ensure that policies and activities affecting minority populations with disabilities meet their needs.

4. Maintain liaison with national minority organizations (e.g., National Urban League, NAACP) for advice, as well as outreach toward minority populations with disabilities.

5. Initiate national and regional meetings to increase awareness of disability issues, particularly issues concerning the ADA, by minority organizations and their constituencies.

6. Continue to hold forums addressing disability issues that affect minority populations in settings that are fully accessible to minority persons with disabilities.

7. Establish relationships with other federal agencies that affect minority populations with disabilities, such as the Bureau of the Census and the National Institutes of Health, to ensure adequate and appropriate data to assess the need for, and impact of, service delivery programs.

8. Monitor progress within the federal government to ensure the participation of minority persons with disabilities in all aspects of federal policy and programming.

9. Increase outreach to minority populations with disabilities using different languages and alternative approaches to ensure effective communication.

ADA Watch Hearing on Minorities with Disabilities

On October 21, 1992, in San Francisco, California, the National Council held a public hearing on how minorities with disabilities are faring under the Americans with Disabilities Act of 1990 (ADA). (See Appendix C for hearing agenda.) This hearing was part of two National Council initiatives: the Minorities with Disabilities initiative, discussed above, and the ADA Watch initiative, which monitors implementation of the ADA. A summary of the testimony and recommendations presented at the hearing is provided in this Executive Summary.

The testimony and recommendations from the hearing supported one of the major findings of the National Council from the first year of ADA Watch:

"Minorities with disabilities, overrepresented in the disability community, are significantly underreached by current ADA information and technical assistance efforts." This finding, in conjunction with the testimony presented, further supports the Council's major ADA Watch recommendation concerning minorities with disabilities:

> New materials and dissemination strategies should be developed that are targeted to, and sensitive to the needs of, African Americans, Hispanic and Latino Americans, Asian Americans/Pacific Islanders, Native Americans, and other minority populations.

Hearing Testimony and Recommendations

The individuals who testified at the ADA Watch hearing on minority issues discussed their experiences with discrimination on the basis of disability and minority status, as well as their difficulty in gaining access to the resources needed to become self-sufficient. They also presented a variety of recommendations to remedy the problems confronted by minorities with disabilities. As with the conference, there was substantial consistency among the recommendations of the witnesses.

Hearing Testimony

An overarching finding of the ADA Watch hearing on persons from minority backgrounds with disabilities was that such individuals have greater difficulty obtaining employment and gaining access to public accommodations and transportation than do other Americans with disabilities. Witnesses testified that persons from minority backgrounds with disabilities tend to have the following characteristics:

- Are more disabled (i.e., have more functional limitations) than other members of the disability community as a result of such factors as socioeconomic status, educational level, and occupation;
- Face the double challenge of having to contend with discrimination on the basis of both disability and minority status;
- Have the added obstacle of being subjected to greater negative attitudes by the majority in society than other minority groups;

- Have language and communication differences that complicate their ability to obtain meaningful information and technical assistance on the ADA;

- Have differences in cultural values, low self-concepts, and distrust of "government" and "systems," which affects the way they respond to policies and programs;

- Are isolated from the mainstream of American life, reducing potential benefits under the ADA;

- Do not have appropriate training and career development opportunities appropriate from the standpoint of cross-cultural and cross-disability familiarity; and

- Are unable to take full advantage of the ADA and other disability policies because of a lack of (a) effective educational and training models, (b) adequate role models, (c) appropriate vehicles of communication, and (d) economic opportunity.

Recommendations

The following are recommendations of witnesses from the ADA Watch hearing on minorities with disabilities:

1. Require that all ADA implementation activities be sensitive to the linguistic differences, communication styles, and cultural attributes of the various minority groups and persons with disabilities in those groups.

2. Ensure that federal funding is set aside for public and community-based agencies to develop and implement multicultural approaches to providing information, technical assistance, and services related to the ADA.

3. Develop services and publications that focus on minority and disability groups—and that use their preferred language and/or method of communication—for information dissemination, outreach activities, and technical assistance on the ADA.

4. Appropriate funds for public agencies and private community-based entities to develop and implement training and to provide opportunities for economic independence for minorities with disabilities.

5. Establish a high priority on public policies that focus on self-esteem development, advocacy, and personal empowerment of minorities with disabilities.

6. Apply appropriate economic and human resources to enforce the ADA through vigorous compliance investigation, mediation, and legal redress for minorities with disabilities.

7. Designate and fund at a reasonable level a federal entity to collect, analyze, and disseminate data periodically on the various minority groups with disabilities.

8. Explore the extent to which the spirit and letter of the ADA can be extended to Native Americans who live on reservations.

9. Develop and fund leadership training activities for minorities with disabilities to foster their increased self-advocacy and empowerment.

10. Analyze the extent to which minorities, including ethnic minorities with disabilities for whom English is a second language, are inappropriately placed in special education, and develop strategies to eliminate inappropriate placements.

11. Provide incentive funding for colleges and universities to train disability and other (legal, health, etc.) professionals and providers to be sensitive to the needs of people of different races, ethnicities, cultures, and disabilities.

12. Explore ways to eliminate existing disincentives for minorities with disabilities to use publicly-funded programs and services and to increase responsiveness to professional interventions.

1. INTRODUCTION: MINORITIES WITH DISABILITIES

> *Minority persons with disabilities are among the most untapped of our nation's resources. Most have not been given an opportunity to contribute productively to the well-being of our society. It is essential to the success of our country in the 21st Century to utilize the resources of minority persons with disabilities.*
>
> Larry Brown, Jr.
> Council Member
> National Council on Disability

Minorities and Disability

Minority populations in the United States can be defined or described in many different ways, depending upon whether the emphasis is on race, ethnicity, or culture. For the purposes of this report, the focus will be primarily on African Americans, Hispanic Americans, Asian Americans/Pacific Islanders, and Native Americans. During the last decade, there has been tremendous growth in these minority populations in the United States.

U.S. Bureau of the Census (1990) data indicate that there are 30 million African Americans (an increase of 13.2% since 1980); 22.4 million Hispanic Americans (an increase of 53%); 7.3 million Asian Americans (an increase of 107.8%); and 2.0 million Native Americans (an increase of 37.9%). In comparison, the European American (i.e., White) population grew 6.0% since 1980. The projections into the year 2000 are as dramatic; for example, current minority populations in California are projected to become the majority by the turn of the century.

In her conference paper on the physical health of minorities with disabilities, Dr. Anita Leal describes the four minority groups as follows:

African Americans

- Largest minority population in the United States—12% of the general population.

- In 1987, only 64%, compared to 77% of European Americans, had graduated from high school.

- In 1986, 31.1%, compared to 11% of European Americans, lived below the poverty level.
- Worst health status among minority groups.

Hispanic Americans (Latino Americans)

- Second largest minority group in the United States—8% of the general population.
- Heterogeneous group comprised of people of Mexican, Cuban, Puerto Rican, and Central and South American origin.
- Share a common language—Spanish—either as a first or second language.
- Considered an ethnic group and are classified as "White" 90% of the time in racial categories.
- Forty-nine percent of Hispanic Americans over age 25 have not completed high school.
- Proportion of children under 18 years living in poverty is significantly greater than non-Hispanics (47.7% vs. 38.3%).
- Based on limited data, their health status is closer to that of European Americans than that of other minority groups.

Asian Americans/Pacific Islanders

- Fastest growing population in the United States—2% of the general population.
- Major subgroups are Filipinos, Chinese, Japanese, Vietnamese, Asian Indians, and Koreans.
- Data are scant on health risks and morbidity patterns.
- Only a few epidemiologic surveys have been done in the West and most studies have been conducted in Hawaii.

- Median family income is higher than that of other minority groups and European Americans; however, Vietnamese have a very low average family income.

Native Americans and Native Alaskans

- Smallest minority group in the United States—1% of the general population.

- Poverty rates are similar to those of African Americans and Hispanic Americans.

- Second worst health status among minority groups, after African Americans.

Minorities with Disabilities

As a result of factors such as poverty, unemployment, and poor health status, persons of minority backgrounds are at high risk of disability. Based largely on population projections and substantial anecdotal evidence, it is clear that the number of persons from these minority populations who have disabilities is increasing. Moreover, based on similar projections, the proportion of minority populations with disabling conditions will probably increase at even faster rates than that of the general population.

However, due to a disturbing lack of hard data on minority populations with disabilities, it is not certain precisely how many members of minority groups have disabilities or how fast this population is growing. Most of the data available on minority populations with disabilities relate to African Americans. Some data are available on Hispanic Americans and Native Americans, and almost none are available on Asian Americans.

Bowe (1992), using 1988 U.S. Bureau of the Census Current Population Survey Data, reported approximately 2,512,000 African American working-age adults with disabilities. The only major prevalence study on minorities with disabilities found that African Americans and Hispanic Americans with disabilities have lower incomes and lower educational levels than their European American counterparts (Asbury, Walker, Maholmes, Rackley, and White, 1991).

Neglect of Minorities with Disabilities

These data, or lack thereof, suggest the need for much more research on minority populations with disabilities. The needs of such individuals have been ignored largely for two reasons:

> First, minority populations have been generally preoccupied with their own particular needs related to survival and elimination of discrimination and racism; disability issues affecting minorities have not been a priority.
>
> Second, the disability community has been preoccupied with general disability issues, such as access to health insurance, personal assistance services and assistive technology; issues specifically affecting minorities with disabilities have not been emphasized.

Overall, public policies and programs of service delivery for Americans with disabilities have been designed for the general population and have not adequately benefited people with disabilities from minority populations. Even the passage of the ADA may not, by itself, have a substantial impact on minorities unless both the minority and majority communities become much more aware of, and sensitive to, the needs of minorities with disabilities.

The need to address the concerns of minorities with disabilities arises from several perspectives.

> First, as noted earlier, the number of minority persons with disabilities is increasing and will continue to increase.
>
> Second, minorities constitute a disproportionate share of the population of persons with disabilities.
>
> Third, the future workforce needs of America will be met not only by its diverse racial and ethnic populations, but by persons within those populations who have disabilities.
>
> Finally, minority persons with disabilities have the right to equal opportunity in our society and the right to benefit fully from disability policies.

National Council/Jackson State University Conference

On May 6-7, 1992, in Jackson, Mississippi, the National Council on Disability and Jackson State University held a national conference on meeting the needs of minorities with disabilities. Experts on minority and disability issues, including researchers, service providers, and government officials, developed and presented papers. The conference was a key component of the National Council's initiative to ensure that the needs of minority persons with disabilities are met.

Over the past several decades, there has been a growing awareness that minorities with disabilities in the U.S have even fewer opportunities than other people with disabilities. To address their problems, two conferences were planned and implemented collaboratively by professional, state and federal agencies prior to 1990. These events were held at predominantly African American colleges and universities.

The National Association of Non-White Rehabilitation Workers convened the first conference at Tuskegee University in Alabama in 1973 and the second conference at Jackson State University in Mississippi in 1980. Among the issues addressed at each event were the status of minorities with disabilities, state and federal support for addressing the needs of minorities with disabilities, and the availability of qualified professionals to serve minorities with disabilities.

Since these conferences, few collective efforts have focused on the "state of affairs" of minorities with disabilities. In the fall of 1991, the National Council on Disability approached the Administration of Jackson State University about hosting a national invitational conference on meeting the needs of persons with disabilities. The purposes of this conference were to:

- Assemble educators, researchers, service providers, administrators, students and other interested persons to examine the state of affairs of minorities with disabilities in the U.S.

- Identify recommendations for improving the quality of life of minorities with disabilities.

- Develop a document to be disseminated to educators, human service agency administrators, elected officials and other interested persons to inform them of the problems encountered by minorities with disabilities population.

- To develop an agenda for the future to identify and address the unique needs of minorities with disabilities.

ADA Watch Hearing on Minorities

On October 21, 1992, in San Francisco, California, the National Council held a public hearing on how minorities with disabilities are faring under the Americans with Disabilities Act of 1990 (ADA). This hearing was part of the National Council's ADA Watch initiative, as well as its Minorities with Disabilities initiative.

Fifteen panelists were featured presenters at the hearing. The ethnically diverse panel included five African Americans, five Hispanic Americans, three Asian Americans, one Native Hawaiian, and one Native American. Nine of these individuals have at least one severe disability, two have a child or parent with a disability, and the others are professionals who focus primarily on the needs of ethnic minorities with disabilities.

In addition to the panelists, 16 witnesses presented testimony during two "open microphone" sessions. Ten have at least one disability. Approximately 55 other persons, many with disabilities, attended the hearing. The testimony and recommendations of the panelists and witnesses are summarized in the Executive Summary to this report, as well as in the specific sections of the report on the nine subject areas.

Based largely on the testimony at the hearing, the National Council on Disability (1993a) found that "[m]inorities with disabilities, overrepresented in the disability community, are significantly underreached by current ADA information and technical assistance efforts." The general recommendation of the National Council (1993a) concerning minorities with disabilities, based on the first year of ADA Watch, was the following:

> New materials and dissemination strategies should be developed that are targeted to, and sensitive to the needs of, African Americans, Hispanic and Latino Americans, Asian Americans/Pacific Islanders, Native Americans, and other minority populations.

Overview of Report

The National Council/Jackson State University Conference and the conference proceedings that this report summarizes are part of a legacy of national, regional, and local conferences that began in the 1960s and continue to bring issues confronting minorities with disabilities to the forefront of our society. Focusing on the issues that particularly affect minority populations with disabilities, the conference planners selected nine subject areas: education, vocational rehabilitation, employment, empowerment, mental health, prevention, physical health, substance abuse, and research.

Each subject area by itself is important. However, each area can also be seen under the broad umbrella of the ADA and other disability laws protecting all people with disabilities, including minorities with disabilities. The National Council commissioned papers on each of the conference subject areas as they relate to minorities with disabilities, and asked other experts to react to the papers after they were presented. Several of the papers presented at the conference discuss how the ADA affects minorities with disabilities. The papers are summarized in sections 2 to 10 of this report.

Statistical data vary widely within the papers. Much of this variability results from the different sources used, as well as from differences in definition. Certainly, such discrepancies in data point to the need for consistent definitions of disabilities among persons from minority populations, as well as uniform approaches to data collection and measurement. Some of the papers use data that are anecdotal and experiential. The paucity of "hard data" reflects limitations in current knowledge and suggests an extensive research agenda on minorities with disabilities.

The information contained in this report has been abstracted by the editors from the original papers commissioned by the National Council. The complete papers, which are contained in the unpublished conference proceedings, are a rich source of data and information. They substantiate, from very different perspectives, some of the day-to-day concerns of persons with disabilities who are also members of minority ethnic/racial populations. In addition, they contain some practical solutions that can be utilized to improve the lives of persons with disabilities and enable the empowerment process to occur.

A complete copy of the conference proceedings is available from the National Council on Disability for those who are interested in in-depth knowledge of the topics summarized in this report. Readers are encouraged to use this information and to incorporate the recommendations into policies and practices to enhance the quality of the lives of minority persons with disabilities. We hope that readers will be challenged by the information and will become an active part of the process to empower minority persons with disabilities to be full participants in American society.

2. EDUCATION

> *Our education system is overloaded, confused, and bogged down. We need to refocus our educational priorities and concentrate on the restructuring of our educational system. We need to go back and take a page out of the successful methodologies used in the one-room school house. We do not need to segregate students. We need to find ways to mainstream.*
>
> Frederick D. Bedell, Ed.D.

The National Commission on Excellence in Education Report, *A Nation At Risk* (1983), brought two important concepts to the forefront in education: 1) the interdependence of an achieving nation and achieving students and 2) the idea of being "at risk," a term now used to describe children whose achievement is undermined by health, social, educational, and/or economic factors.

A report to the President and the Congress of the National Council on Disability (1989), *The Education of Students with Disabilities: Where Do We Stand?* found that students with disabilities generally are at risk, and minority students with disabilities are particularly at risk, of inadequate preparation for employment and for full participation as citizens in our society. It is clear that for our nation to achieve, *all* of its students must achieve, including *all* of its students with disabilities.

Primary Issues

The present education system is overloaded and confused. Poverty, racism, cultural differences, the dissolution of families, and the weakening of home influences are among the contributing social factors that challenge the schools. When these variables are combined with low self-esteem, peer pressure, lack of self-discipline, and inadequate role models, students do not arrive at school ready to learn. To exacerbate the situation, those who are prepared to learn are often subjected to inappropriate curricula, inadequate support services, and, in some instances, a hostile school environment.

As dysfunctional as conditions are for students generally, they are worse for students with disabilities and still worse for students with disabilities from minority backgrounds. The problems they confront are discussed in a recent report of the National Council on Disability (1993b) entitled *Serving the Nation's Students with Disabilities: Progress and Prospects*. In addition to the issues facing students with disabilities generally, there are many issues concerning the education of minority students with disabilities at all levels of the Nation's education system.

Learning must occur for students with disabilities in integrated, mainstreamed settings if they are to be able to compete on an equal basis. Too often, children who are considered at risk find themselves failing in schools that have the least resources, deteriorating physical plants, and dispirited and uninspired teachers. Many students are misplaced, written off, or "fall between the cracks."

Practices in the Education System

Several specific variables have a negative effect on student achievement, particularly among minority students. Among these are the following:

- The disproportionate placement of minorities in special education programs;
- The placement of minority students in special education programs for longer periods of time than nonminority students;
- Environmental factors such as malnutrition, poverty, and parental addiction to alcohol and/or other drugs; and
- The general orientation of the schools toward students with behavioral problems, which does not adequately take into consideration the causes of the problem.

Placement of Minority Students

The Education for All Handicapped Children Act of 1975, Public Law 94-142 (renamed the Individuals with Disabilities Education Act [IDEA]), did little to acknowledge the unique needs of minority children with disabilities. Figueroa (1989) noted that IDEA did not adequately acknowledge the needs of Hispanic American children or those whose native language was not English, and concluded that miseducation of bilingual children may be the norm.

After the passage of the Education for All Handicapped Children Act, 10 million children were identified as "educably mentally retarded." Of that number, 43% were African American. In a paper presented to the National Alliance of Black School Educators, Ruth Love (1989) found that 85% of students in special education programs in Chicago are African American. In school systems in which "ability grouping" is practiced, a disproportionate number of minority children are placed in special education classes.

Misplacement of children into segregated programs often has placed them at a disadvantage. The National Council on Disability (1989) reported several findings from the results of the national study discussed above. Among them are:

- Parents and students reported that schools have low expectations of students with disabilities and establish inappropriate learning objectives and goals;
- Services often are not available to meet the needs of disadvantaged, minority, and rural families who have children with disabilities;
- Special education is a relatively separate system of service delivery; and
- Current thinking regarding effective schools and teaching practices can facilitate the integration of students with special needs into general classrooms.

Recommendations

1. To educate students with disabilities, especially those from minority backgrounds, we must look for a new model that involves a collaborative approach and includes all levels from preschool to higher education.

2. The education system must affect students with disabilities in a positive, not a negative, manner. There must be a focus in preschool programs on preparing students with disabilities from minority backgrounds to be *ready to learn.*

3. Schools must be restructured to eliminate negative effects on students. Cooperative learning is a good example of students' learning through sharing of knowledge rather than competition. Diverse student populations are integrated so that students learn to work together.

4. Schools must be able to serve students based upon their needs for individualized services. In other words, each student is unique and schools must be able to develop and modify programs to fit each student's needs. True individual service planning would go a long way toward meeting the needs of all students in the educational system.

5. Finally, students with disabilities from minority populations must have the opportunity to achieve their potential regardless of the level of education. Attention must be given to funding and ways to enhance access to all education, including higher education.

3. VOCATIONAL REHABILITATION

In general, minorities with disabilities are less likely to be accepted or found eligible for state/federal vocational rehabilitation services when compared to Whites with disabilities. If accepted for vocational rehabilitation services, minorities are less likely to be rehabilitated and are provided fewer opportunities for academic training as compared to Whites.

Frank L. Giles, Ph.D., CRC

A major service delivery program for adults with disabilities has been the state/federal vocational rehabilitation program. However, it has been noted that participation by ethnic/racial minority persons within vocational rehabilitation has not been at the levels warranted by their need, taking into consideration their proportion of the population (Atkins and Wright, 1980; Danek and Lawrence, 1982). The Rehabilitation Services Administration (1989) indicates that, of the total of 213,842 persons rehabilitated in 1989, 80.00% were European American, 17.50% were African American, and the remaining 2.5% were from all other minorities.

Public Vocational Rehabilitation and Minorities

Danek and Lawrence (1982) found that more time was required for African Americans than for European Americans to be accepted for vocational rehabilitation services. Herbert and Martinez (1992), analyzing Pennsylvania data, concluded that 33% of European Americans were found ineligible, compared with 40% of minority persons. These statistics support earlier findings by Rivera (1974), who found that Hispanic Americans are more likely than European Americans to be found ineligible for vocational rehabilitation.

For the approximately 500 Native American tribes recognized by the U.S. government, there are approximately 13 tribal-operated vocational rehabilitation programs, but there are relatively few data on rehabilitative outcomes of Native Americans (Martin, Frank, Minkler, and Johnson, 1988). There are almost no data related to the use of vocational rehabilitation programs by Asian Americans.

Barriers to Vocational Rehabilitation

Current participation in the public vocational rehabilitation program by minorities with disabilities is below expected levels. There is a need for the vocational rehabilitation system to be more responsive to the unique needs of minority populations.

Atkins (1988) advocated using an "asset-oriented" strategy, in which the focus is on the individual's strengths and abilities. Belgrave and Walker (1991) highlighted the importance of factors such as transportation in rehabilitation. Rivera and Cespedes (1983) advocated for the use of community structures such as churches and other community organizations as part of the vocational rehabilitation process.

Leung and Sakata (1988) suggested the need to incorporate languages other than English and to use family support systems. Finally, Martin et al. (1988) identified the need for culturally appropriate interventions in the vocational rehabilitation process.

Training Minorities in Rehabilitation Counseling

A related vocational rehabilitation issue involves the training of persons from minority backgrounds as service providers and specifically as rehabilitation counselors in the vocational rehabilitation system.

Only four universities with rehabilitation education programs listed in the National Council on Rehabilitation Education Directory (1992) are considered to be historically African American institutions. Two programs were identified as having significant Hispanic American students while one university noted significant enrollment of Asian Americans. Total minority enrollment in master's level training has been approximately 15 to 16% during the last decade.

Better representation of minority persons in rehabilitation counseling programs will be needed to meet the demands of changing demographics, in which the total numbers of persons of minority background will increase while those currently in the majority will decrease.

Summary

In general, minorities with disabilities are less likely to be accepted or found eligible for state and federal vocational rehabilitation services compared with the overall disability community. If accepted for vocational rehabilitation services, minorities with disabilities are less likely to be rehabilitated and are provided fewer opportunities for academic training compared with other persons with disabilities.

Rehabilitation Services Administration data regarding individuals rehabilitated between FY 1984 and FY 1989 indicate that the numbers of Native Americans/Alaskans and Asian Americans/Pacific Islanders rehabilitated have remained fairly constant during the period. The numbers of Hispanic Americans rehabilitated increased slightly and the numbers of African Americans rehabilitated under programs sponsored by the Rehabilitation Services Administration decreased.

Rehabilitation counseling preservice academic training programs can have a critical impact on the success or failure of minorities with disabilities. Counselors must have an educational background that enables them to work successfully with clients who are of different races or cultures.

Recommendations on Vocational Rehabilitation

1. Federal policies should *enable* the provision of vocational rehabilitation services that are culturally appropriate.

2. Research is needed to determine effective models, services, and resources related to the vocational rehabilitation of persons with disabilities from minority racial/ethnic backgrounds.

3. Training for vocational rehabilitation personnel must include multicultural emphases and clinical training experiences involving persons with disabilities from minority populations.

4. Preservice education programs must include specific courses related to multicultural experiences and service delivery.

5. Incentives should be provided for recruitment and education of underrepresented racial/ethnic populations in vocational rehabilitation. The Rehabilitation Services Administration should continue to fund colleges and universities with substantial enrollments of minorities.

6. There is a need for increased numbers of tribally operated vocational rehabilitation programs to meet the growing needs of Native Americans and Native Alaskans.

4. EMPLOYMENT

We must establish an [employment] agenda for minorities with disabilities which will be multifaceted. Indeed, this interrelatedness of disability, poverty and undereducation dictate implementation of a multidisciplinary, intergovernmental, and interagency approach to the problem.

Alyce Earl Jenkins, M.Ed., CRC

Expansion of employment opportunity is absolutely essential to promoting the economic self-sufficiency of persons with disabilities. However, for persons with disabilities from minority ethnic and racial backgrounds, "employment opportunities, particularly at the higher levels, are sharply limited" (Wright, 1960). The lack of employment opportunities for such individuals results in part from dual sources of discrimination based on minority status and disability; minority women with disabilities may be subject to "triple jeopardy" (Wright, 1988).

High unemployment figures for racial and ethnic minority members with disabilities are particularly significant, in that minority populations themselves have higher incidence and prevalence rates of disabilities than the general population. One study notes that "most ethnic minority persons with a disability are at a high risk given that a larger percentage of this population fall at or below the poverty level" (Asbury, Walker, Maholmes, Rackley, and White, 1991).

According to ADA Watch hearing witnesses, notwithstanding a decade of experience with the Rehabilitation Act, government entities at all levels have failed to take adequate steps to establish appropriate cultural diversity and disability awareness training designed to further recruit, employ, and retain minorities with disabilities within the public sector. The witnesses indicated that the private sector must also be given greater incentives to employ minorities with disabilities.

The problems encountered by minority persons with disabilities in securing and maintaining employment can be the result of exclusionary practices by employers, labor unions, and the vocational rehabilitation service delivery system.

Employers

According to a Louis Harris (1987) poll commissioned by the National Council on Disability, over two-thirds of persons with disabilities are unemployed. Similarly, Bowe (1990) indicated that only 32% of working age (16-64) adults with disabilities work or are actively seeking work. The levels of employment for African Americans with disabilities in the workforce were even lower, at 22% employed; for Hispanic Americans with disabilities, the level was 23% employed. Braddock and McPartland (1987) suggested that there are built-in barriers such as segregated networks, information biases, and negative stereotypes held by employers, all of which result in low employment levels.

Labor Unions

Jenkins stated that, while labor unions have been known for their advocacy of workers' rights, persons with disabilities, including those of minority ethnic/racial backgrounds, have not benefited greatly from their efforts. Labor unions might be reluctant to advocate for ethnic/racial minority persons with disabilities in their negotiations with management.

This neglect may be based upon fears that employment of persons with disabilities may weaken wage structures and that restructuring jobs may lead to contract changes (Whitehead, 1990). Unions often are reluctant to "bend the rules" concerning seniority clauses (Bradford, 1990). Consequently, according to these researchers, unions have not been a progressive force in increasing the numbers of minority persons with disabilities in the workforce.

Education and Employment

Education has always been considered a key to employment success for minorities and persons with disabilities. Yet, education for students with disabilities remains problematic. Brolin and Gysberg (1989), in their study of education and persons with disabilities, concluded that "[s]tudents with disabilities are not attaining greater vocational and independent living success than they did in previous years" (p. 155).

Persons with disabilities, including minorities with disabilities, have been shortchanged in both regular and special education programs. Failure to provide quality, relevant education to minority persons with disabilities results in their continued exclusion from the workforce. This topic is discussed further in section 2 on education.

Vocational Rehabilitation and Employment

The public vocational rehabilitation program is specifically charged with providing services to all persons with disabilities without regard to their race or ethnicity. However, it was noted more than a decade ago (Atkins and Wright, 1980) that ". . . a large percentage of Black applicants were not accepted for service; of applicants accepted for service, a larger percentage of Black cases were closed without being rehabilitated; and Blacks whose cases were closed as successfully rehabilitated were more likely than Whites to be in the lower income levels" (p. 42).

Differential participation in the vocational rehabilitation process serves to exclude minority persons with disabilities from employment opportunities. Although the research that has been conducted in this area has not included all minority groups, it appears that the proportion of minorities with disabilities who gain access to and succeed in the vocational rehabilitation system is much lower than their proportion of the general population, thereby contributing to their low employment figures.

The number of persons from minority populations employed in the vocational rehabilitation system may also be a factor limiting the participation of minority clients. Humphreys (1980) suggested that if we are going to attract minority clients to that system and if we are going to get them the services they so desperately need, we need a much higher proportion of rehabilitation professionals, counselors, supervisors, and administrators who are African American, Hispanic American, Asian American, and Native American.

However, Jenkins (1989) concluded that little is known about the number of minority persons employed as part of the vocational rehabilitation service system. This topic is discussed further in section 3 on vocational rehabilitation.

Recommendations on Employment

1. An agenda for the employment of minority persons with disabilities must be multifaceted. There must be a collaborative effort of employment programs, public education, private enterprise, and health and human services programs to enable minorities with disabilities to access employment.

2. An advisory body should be established with the support of the Department of Labor to address concerns related to apprenticeships, supported

employment, and job restructuring to enhance access of minority persons with disabilities to labor unions.

3. A national network of employers and minority persons with disabilities should be established to enable the sharing of job leads, to reduce feelings of isolation, and to provide a forum for proactively discussing employment issues.

4. Strategies should be developed to ensure the inclusion of minority children with disabilities in appropriate education at all levels from preschool to higher education, as already required under the IDEA legislation.

5. The Rehabilitation Services Administration should use its existing networks to develop a national outreach program targeting minority populations in order to increase their employment levels.

5. EMPOWERMENT

> *We, in the U.S., are faced with a dilemma of staggering seriousness. Our minority citizens with disabilities are born identified as a minority within a minority. They suffer and are ignored. They are disenfranchised, discriminated against, and are dying physically and spiritually; they are hungry, unclothed, unemployed, unsheltered, and completely unaware of the quality of life which is their constitutional right and guarantee.*
>
> Eva P. Britt, J.D.

Empowerment is often described as giving an individual the official power or authority to determine his or her destiny. The conference paper by Eva Britt states that minority persons with disabilities face a double dilemma as a minority within a minority. They have little or no power to advocate for themselves and have not been empowered by the majority society to determine their own destiny.

Minorities with Disabilities

Britt notes the following major problems faced by minority persons with disabilities:

- African Americans and other minorities with disabilities have been and continue to be isolated from the mainstream of health and human service delivery systems;

- African Americans and other minorities with disabilities are overrepresented in every statistical indicator of lower socioeconomic status and poor health;

- There are few bilingual persons available to serve those for whom English is a second language;

- There are a lack of accurate data on the racial/ethnic backgrounds of persons with developmental disabilities;

- Agencies do not institute outreach programs to encourage participation of African Americans and other minority persons with developmental disabilities;

- An insufficient number of African American and other minority professionals are trained to work with minority persons with developmental disabilities; and

- Health and human services agencies generally are not well versed in or familiar with the provisions of the Civil Rights Act-Title VI, The Rehabilitation Act, or the ADA.

Recommendations on Empowerment

Britt stated that serious problems demand creative solutions. Among the solutions she recommended were the following:

1. African Americans and other minorities with disabilities who are knowledgeable of the issues that affect them must be included in implementing solutions.

2. Organizations such as state protection advocacy systems, state mental health administrators, state developmental disabilities councils, and others must become information and empowerment centers and "think tanks" for the minorities with disabilities.

6. MENTAL HEALTH

Members of minority groups perceive themselves as different from the majority group and they are perceived as being different by Whites. These perceived differences, the historical context of the groups' interactions, and their place in economic history have resulted in a complexity of feelings, attitudes and perceptions. These differences have often resulted in differential treatment which permeates the U.S. and its institutions including the mental health system.

Timothy Summers, M.D.

Mental health is a general term that refers to the ability of an individual to negotiate the daily challenges and social interactions of life without cognitive, emotional, or behavioral dysfunction. In addition to socioeconomic variables, mental health is affected by biological and genetic factors, as well as acute or chronic physical conditions.

Demographic information on mental health in minority populations is very limited; diagnosis and prevalence studies are insufficient. Extant epidemiologic studies suggest that minority populations, especially African Americans and Hispanic Americans, have not had resources to cope with mental health problems. For example, an East Baltimore study found that 53% of minorities had unmet mental health needs, in contrast to 44% of nonminorities (DHHS, 1991).

At the same time, African Americans and Hispanic Americans appear to be overrepresented with respect to prevalence of alcohol abuse/dependency and the use of other drugs such as crack cocaine and heroin (as discussed in section 9), and they are more likely than European Americans to be diagnosed as having paranoid schizophrenia. European Americans are more likely to be initially diagnosed as having affective disorders such as depression. Interestingly, subsequent rediagnosis by trained personnel often eliminate these diagnostic differences (DHHS, 1991).

Alcoholism and suicide among Native Americans is significantly higher than in the majority population, with estimates that "alcohol abuse and its consequences are nearly twice as pervasive among Native Americans as among any other population in the U.S." (DHHS, 1991). Again, there are very limited data available on the mental health of Asian Americans, or on whether they or other minorities have adequate access to the mental health system.

In today's multicultural society, mental health workers must consider factors such as beliefs, attitudes, language, and communication difficulties. Mental health workers must be able to correctly interpret behavior and comprehend psychiatric symptoms within the cultural context of the client.

Recommendations on Mental Health

1. In addition to providing traditional interventions such as psychotherapies and medication management, service providers should establish programs for the development of caring communities.

2. Efforts should be made to stimulate the community's positive response to individuals with mental health needs and to create local initiatives to provide solutions.

3. Ethnic diversity should be seen as a positive, healthy, and expected characteristic of communities, one to be understood with respect and tolerance.

4. Significant attitudinal changes and new priorities should be established to find new ways to benefit from old technologies. The lingering notion that persons from minority racial/ethnic backgrounds are inherently inferior to others in our society must be rejected. This attitude has significant negative impact on potential treatment outcomes. Mental health approaches must recognize this problem and create positive alternatives to addressing the needs of persons from minority racial/ethnic backgrounds.

5. Government programs must be restructured to be more responsive to the needs of minorities with disabilities. Current funding structures may need to be rethought so that new initiatives will have resources. The emerging problems of mental disorders, drug and alcohol abuse, and HIV/AIDS prevalence in minority communities have a direct impact on the larger society. Only through cooperative, collaborative mechanisms will solutions develop.

7. PHYSICAL HEALTH

> *Disability is not yet fully a part of the debate on the need for better health care for minorities, in particular minorities with disabilities. Instead, epidemiology studies . . . [focus] on pathology and ignore disabilities, to the chagrin of the disability studies' field.*
>
> Anita Leal, Ph.D.

The conference paper by Anita Leal entitled "Minorities, Physical Health and Disability" offers a rich discourse on the physical health status of minorities in the United States. The purpose of her paper was to "draw attention to and increase awareness of the unique needs of minorities with disabilities." She presented the following:

- A review of the state of physical health of minorities in the United States;
- An exploration of available information about minorities with disabilities, current models of the disablement process, and its application to minorities;
- An examination of the experience of minorities with disabilities in the state/federal vocational rehabilitation system; and
- Conclusions and recommendations for improving the physical health of minorities.

Minorities with Disabilities

According to Dr. Leal, our society has known for years about the poor physical health of minorities generally and their vulnerability to disability. Despite this awareness, health care providers and agencies know virtually nothing about the following:

- The physical health status of minorities with disabilities;
- The experience of minorities with disabilities in health care delivery systems;

- The experience of minorities in the disablement process; and
- The experience of minorities in the vocational rehabilitation process.

Approximately 35 million Americans have conditions that interfere with major life activities. Dr. Leal cited studies that identify the meaning and concept of disability. Most important, she noted that the traditional meaning has expanded from a medical condition (e.g., physical or mental) to include environmental and contextual factors. She also indicated that little is known about the disablement process experienced by minorities.

The 1980 Bureau of the Census Report (Bowe, 1983) included the following data concerning disability rates among working age adult minorities:

- 8.5% of working adults reported a disability limiting the amount or type of work they could do.
- Just over 14% of African Americans reported a work disability.
- 8.4% of Hispanic adults reported a work disability.

Other data cited from the National Health Interview Survey (Ries and Brown, 1991) for the years 1983-85 indicate that a work limitation was reported by as many as 6.1% of European Americans, 10.3% of African Americans, 3.3% of Asian Americans/Pacific Islanders, and 10.4% of Native Americans.

Physical Health Status of Minorities

Among the highlights cited by Dr. Leal from the *Secretary's Report of the Task Force on Black and Minority Health* (DHHS, 1985) and *Health Status of Minorities and Low-Income Groups* (DHHS, 1991) were the following:

- The life expectancy of African Americans is 69 years of age as compared to 75 years of age for European Americans.
- The physical conditions for which risks of death are highest for African Americans under age 45 are tuberculosis, hypertension, and anemia.
- Death rates for heart disease are higher among African American men and women under age 70 than among European Americans.
- There is an 11% excess incidence of cancer among African Americans compared with nonminority Americans.

- High cancer rates for Hispanic Americans included cancer of the stomach, prostate, esophagus, pancreas, and cervix.

- Heart disease is the leading cause of death for Asians.

- The death rate of Native Americans under age 45 is strikingly high (43%) because of unintentional injuries, cirrhosis, homicide, suicide, pneumonia, and diabetes.

- The risk for AIDS among African American and Hispanic American men was almost three times that of European American men in 1989.

- Fifty-one percent of all female cases of AIDS were among African American women.

- Nineteen percent of all female cases of AIDS were among Hispanic American women.

- African Americans have been found to receive fewer health care preventive services than European Americans.

Britt, in her conference paper on empowerment, also presented rather alarming data on the health status of African American children in the United States. She noted the following:

- African American children are much more likely to suffer from poor health than are the majority of their peers;

- An African American child has a 30% greater probability of dying by his or her 14th birthday than does a European American child;

- An African American child living in deteriorating housing has a 25% chance of having excessively high levels of lead in his or her teeth and blood;

- Over 40% of all African American children, compared with 29% of European Americans, do not see a physician each year;

- Seventeen percent of all African American children have no regular place of care, despite their strong possibility of poor health;

- Thirteen percent of all African American children are born with low birthweights; and

- African American adolescent mothers are most likely not to receive prenatal care or to delay it until the last three months of pregnancy.

Recommendations on Physical Health

Dr. Leal concluded that, "[D]isability as a health issue gets minimal attention from the epidemiological community...and the disability community itself neglects minorities in its policy planning." She also noted that, "[T]here is also mounting evidence that medical services as well as disability/rehabilitation services have been underutilized by minorities." She concluded that health care providers and researchers have not linked disability and rehabilitation conceptually or empirically with physical health status and that this particular area must be the focus of research and policy planning.

Among Dr. Leal's recommendations were the following:

1. There is a need for improved collection of information on the incidence and prevalence of disability among minorities;

2. Existing untapped databases must be accessed and used as a basis for further research;

3. Additional funds are needed to conduct research on the physical health status of people of minority group origin;

4. The aggressive recruitment and inclusion of minority researchers and educators in the field of health, disability, and vocational rehabilitation is strongly encouraged; and

5. Communication must be improved between the minority communities and government agencies that are charged with the provision of health related services, including the Rehabilitation Services Administration.

8. PREVENTION OF DISABILITIES

> *Strategies need to be developed in which American Indians and other minorities are included in an immediate national agenda for prevention. This will be the only way to ensure that minority populations will have a voice in the development of prevention programs that are relevant to them.*
>
> Julie Clay

Four excerpts from *Culture Shock: Waking Up in a Foreign Land* by Tower were cited as illustrative of the need for culturally appropriate primary and secondary prevention activities. The struggles of these four young persons with differing levels of spinal injury highlighted a series of recommendations. While the focus was on Native Americans, the recommendations have value for all racial/ethnic populations with disabilities.

Native Americans experience the highest percentage (13.4%) of major activity limitations among ethnic groups: it has been estimated that one-third of Native Americans over 18 years of age have a functional limitation. The Indian Health Service recently sponsored a conference, "Disabilities and Their Effects on American Indians and Alaskan Native Communities." Participants in the conference developed recommendations in four areas: an Indian Health Service definition of disability; education, identification, and prevention; service delivery; and information.

As discussed in the Introduction and section 7 on physical health, disability occurs at a greater rate among most racial and ethnic minorities. Approximately 14.1% of adults in the African American population are considered "disabled," compared with 8.4% of the European American population. The unemployment rate for African Americans with disabilities is estimated to be approximately 60% to 90%. Poverty is the primary underlying factor that contributes to a high incidence of disability among African Americans.

It is important that any model of primary and secondary prevention recognize the importance of culture. For example, within the American Indian population, spirituality is an integral part of wellness. Spiritual beliefs, such as wellness as the harmony of body, mind, and spirit, must be part of any preventive efforts.

Recommendations on Prevention

1. Develop strategies specifically targeted at minority populations to decrease the prevalence of disability caused by injuries and chronic diseases. The goal is to reduce the incidence of disabilities resulting from a variety of factors, including environmental factors that cause or contribute to new disabilities.

2. Ensure that primary and secondary prevention of disability among minorities receives national attention and becomes a policy priority through increased education. Request that the Centers for Disease Control (CDC) obtain and disseminate knowledge of the variables that lead to disabilities in minority populations and how to prevent them.

3. Develop a community model of primary and secondary prevention that includes culturally relevant strategies. This will require that minority persons with disabilities most directly affected must be a part of the effort to develop a strategy.

4. Develop a survey instrument to measure incidence and prevalence of various disabilities in minority populations. This will allow the identification of risk factors, the magnitude of risk, and the degree to which risk can be controlled. Eventually, survey data will permit the development of effective preventive interventions.

9. SUBSTANCE ABUSE

Alcohol and substance abuse is a problem for many persons with physical and/or mental disabilities which further complicates rehabilitation. Rehabilitation services must be offered with an understanding and knowledge of racial/ethnic/cultural groups, disability, and substance abuse if successful rehabilitation is to occur.

James G. Brown, Ph.D.

Recent estimates by the National Institute on Drug Abuse (1991) of the number of Americans who use or abuse alcohol and/or other substances in the United States are alarming. They include the following:

- 7.3 million Americans abuse alcohol.
- 66.1 million Americans have used marijuana.
- 37.5 million Americans have used crack cocaine.
- 0.66 million Americans have used heroin.

Alcohol and substance abuse are problems among many persons who have physical and/or mental disabilities. Researchers have estimated that the prevalence of alcohol and substance abuse for persons with physical disabilities may be as high as 60% compared with 8% to 10% in the general population (Western Center Drug-Free Schools and Communities, 1990). Particularly high incidence has also been reported in persons with traumatic brain injuries, mental disorders, and among those with hearing and visual impairments (Bell et al., 1987).

Approximately 5% of persons served by the state/federal vocational programs of the Rehabilitation Services Administration have a diagnosis of "multidisabled alcoholism." Significant incidence of alcohol and substance abuse also exists among minorities with disabilities, including African Americans, Hispanic Americans, Native Americans, and Asian Americans.

African Americans

Alcohol and/or substance abuse among African Americans is reported to be high (National Institute on Drug Abuse, 1991); data reflect the following:

- Approximately 8.2 million African Americans have used marijuana
- Approximately 1 million African Americans have used crack cocaine
- Approximately 101,000 African Americans have used heroin

Barriers to the rehabilitation of African Americans with disabilities associated with substance abuse include the following:

- Prejudicial attitudes
- Negative stereotypes of substance abusing persons
- Few, if any, supportive family members
- Lack of transportation
- A greater sense of hopelessness
- A history of failure and chronic emotional stress

Hispanic Americans

According to some researchers (Lawson and Lawson, 1989), Hispanic Americans represent one of the fastest growing and youngest minority groups in the United States. Approximately 15 to 20 million Hispanic Americans (9% of the population) are legal residents; an additional 6 million are estimated to live here as undocumented aliens. Forty-four percent are under the age of 18. Approximately 22% live below the poverty line, compared with 11% of non-Hispanics. The unemployment rate for Hispanic Americans is estimated to be as much as one-third higher than the national average.

Patterns of alcohol and/or substance abuse are alarmingly high among Hispanic Americans (Lawson and Lawson, 1989). Estimates are as follows:

- Hispanic Americans are three times more likely to experience alcohol-related difficulties than persons in the general non-Hispanic population.
- Alcohol is the most frequently abused drug, followed by marijuana, cocaine, and heroin.

- Hispanic Americans have a higher than average use of inhalants (e.g., model glue).

Other factors that may contribute to alcohol and substance abuse among Hispanic Americans are the cultural concept of *machismo* and the stresses of cultural shock, acculturation, and high unemployment.

Native Americans

Alcohol and/or substance abuse among Native Americans is alarmingly high (Brod, 1975). Estimates of abuse include the following:

- Alcohol-related death rates ranged from 4.3 to 5.5 times the U.S. rate for all races, including diseases of the heart, accidents, malignant neoplasms, and cerebrovascular disease.

- Females use drugs at the same rate as males.

- Youth are consistently reported to have the highest prevalence rates for inhalants.

- Acculturation and deculturation contribute significantly to feelings of discouragement and an array of other dysfunctional behaviors and conditions.

Asian Americans

Asian Americans are considered to be one of the fastest growing minority populations and the second smallest minority group in the United States. The Asian American community is comprised of 28 ethnic groups with diverse cultures and languages. Because of limitations in data collection methods, there is a scarcity of data on the extent of disability among Asian Americans. It is also theorized that the lack of data may be a result of the fact that Asian Americans tend not to acknowledge the existence of persons with disabilities in their communities.

The following factors contribute to a high susceptibility to disability (Kitano et al., 1985; Sue, 1987):

- Economic, social, and political inequities

- Inadequate health care

- Alienation and powerlessness
- Acculturation

Despite the lack of verifiable data, there appears to be a low incidence of alcohol and other drug abuse in the Asian American community. However, there are signs of a growing consumption of alcohol and other drugs among Asian Americans, which may be the result of acculturation (Kitano et al., 1985; Singer, 1974; Sue, 1987).

Despite the seeming lack of widespread alcohol and/or substance abuse among Asian Americans, there appears to be a relatively high percentage who are diagnosed as having psychosis. Some studies indicate that Asian Americans are more severely disabled by psychiatric disorders at the time they are brought to the attention of mental health service providers (Sue, 1987).

There is an urgent need to develop methodologies to enhance effective service delivery to Asian Americans with disabilities.

Recommendations on Substance Abuse

The following are among the recommendations concerning minority populations identified as requiring immediate implementation:

1. Legislate funding for prevention, treatment, and interdiction of illegal drugs and alcohol and/or substance abuse;
2. Include grassroots and community-based organizations in federal grant initiatives to address the problems of alcohol and substance abuse;
3. Legislate a national health care program and insurance for all Americans;
4. Require pregnant women who are disabled by addiction to participate in drug treatment programs;
5. Require all local, state, and federal treatment programs to provide culturally specific treatment providers who speak the native language of the person with a disability;
6. Support the National Congress of American Indians' recommendation to require that the entire 1% Title I allocation be spent for Section 130 vocational rehabilitation programs; and

7. **Establish research and training centers whose mission is to generate research and training information on health and cultural issues for minority persons with disabilities.**

10. RESEARCH NEEDS

Previous research has often related only to the agenda of the researcher, and results of research frequently have not been shared with those who participated. One aspect of research must involve developing trust with, and a commitment of, the community. The objectives must be shared, developed and implemented with the people who will benefit from the research.

Paul Leung, Ph.D.

Research on minority groups with disabilities has not been a priority in the national disability research agenda. The research that has been conducted in this area has often been problematic because of the way it has been conducted (e.g., flawed methodologies) and because the results have not always directly affected minority persons with disabilities and their communities. Despite recognition of the importance of research on minorities with disabilities, little has been accomplished.

For example, the draft of the research plan for the National Center for Medical Rehabilitation Research (1991) recognized that "influencing factors" affecting the rehabilitation process include cultural, ethnic, and gender diversity. The plan specifically stated that "most of the conditions leading to restricted mobility disproportionately affect minority populations." However, it did not specifically target research for minority populations with disabilities.

Current Knowledge

The identification of problems that minority persons with disabilities encounter is most advanced with respect to data on African Americans, Hispanic Americans, and Native Americans. Because of their relatively small numbers, there are few data on Asian Americans. The data available for all groups are often not particularly helpful in formulating policy, developing planning strategies, or devising interventions.

Much of the research that has been conducted on minorities with disabilities has concerned mental disabilities. There has been relatively little research related to physical and sensory disabilities among minority populations. One comprehensive review of the literature on rehabilitation of minority persons, compiled by Wright and Emener (1989) with an annotated bibliography, indicates that less than 25% of the 526 entries related to physical/sensory disabilities.

One of the key findings of the ADA Watch hearing was that there is a lack of demographic data about people of various racial, ethnic, and cultural minorities with disabilities and their families. Research on the demographics of disability among various cultural/ethnic/racial minority groups will greatly facilitate the ability of government and local agencies to develop policy and to implement appropriate interventions. The following is a brief review of work in a few key areas.

Access to Rehabilitation

Early work on the issue of access of minority persons to vocational rehabilitation programs suggested an underrepresentation of African Americans compared with others (Atkins and Wright, 1980). Further studies by Asbury et al. (1991) and Walker et al. (1991) suggested that there are complex issues concerning educational levels and lower socioeconomic status that impede access to rehabilitation. Graham (1992) suggested that research comparing African Americans and European Americans should incorporate socioeconomic status to "disentangle race and social class effects."

Assessment and Eligibility Issues

Within the rehabilitation process, there is a need for research that examines data such as those compiled by the Rehabilitation Services Administration on minority persons with disabilities. There have been no systematic efforts to study these issues within the state/federal vocational rehabilitation system. Research is needed to identify important variables related to assessment and access to rehabilitation for minority populations with disabilities.

Culturally Specific Rehabilitation

All of the presently funded Rehabilitation Research and Training Centers related to minority populations with disabilities have focused their attention on the development of culturally specific rehabilitation models. These models may have application far beyond the particular group for which they are developed and result in programs that more effectively serve all rehabilitation participants, as a result of the individually appropriate nature of culturally specific models.

Recommendations on Research

1. Minority communities and persons with disabilities should be involved in the process of planning research, implementing research, and interpreting findings of research.

2. The data base on minority persons with disabilities should be improved, by using sampling techniques that allow analysis of smaller populations in meaningful ways.

3. Data collection efforts on issues relating to minority persons with disabilities should be increased.

4. Specific research initiatives should focus on particular racial, ethnic, and cultural minority populations.

5. The federal government should continue establishing Research and Training Centers targeting minority populations.

6. Federally funded research projects on persons with disabilities, such as the Research and Training Centers, should be required to include underrepresented groups in all their research efforts.

7. Training and education programs in disability and rehabilitation research for persons of minority backgrounds should be developed to enhance the total research capability.

8. A large longitudinal study should be planned and conducted to explore the effects of rehabilitation on minority populations with disabilities over time.

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APPENDIX A

Conference Program

NATIONAL COUNCIL ON DISABILITY
and
JACKSON STATE UNIVERSITY

"The Unique Needs of Minorities with Disabilities: Setting An Agenda For the Future"

Jackson, Mississippi
May 6-7, 1992

Wednesday, May 6, 1992

8:00 a.m. - 5:00 p.m.	REGISTRATION
8:30 a.m. - 9:00 a.m.	CONTINENTAL BREAKFAST
9:00 a.m. - 10:15 a.m.	OPENING GENERAL SESSION
PRESIDING	Dr. Glenda Winfield Assistant Professor Department of Special Education and Rehabilitative Services Jackson State University
INVOCATION	Fr. Richard Chiles Pastor Christ The King Catholic Church Jackson, MS
WELCOMING REMARKS	Mary Ann Mobley Collins Member National Council on Disability Washington, DC
	Dr. Celestine R. Jefferson Chairperson Department of Special Education and Rehabilitative Services Jackson State University
GREETINGS	Governor Kirk Fordice State of Mississippi

	Dr. Herman Smith Interim President Jackson State University
	Sandra Swift Parrino Chairperson National Council on Disability Washington, DC
	Message from President George Bush
	John Calhoun Community Coordinator The Office of the Mayor Jackson, MS
	Dr. Johnnie R. Mills-Jones Dean School of Education Jackson State University
JACKSON STATE UNIVERSITY CHOIR	"Sing A New Song" by Robert Kreutz
	"Precious Lord" by Dorsey: Arranged by Arnold Sevier
	Dr. Robert L. Morris Director Jackson State University Choir
	Arnold Sevier Pianist Jackson State University
INTRODUCTION OF SPEAKER	Dr. Johnnie R. Mills-Jones Dean School of Education Jackson State University
SPEAKER	Carl Boyd, Author/Lecturer "NOBODY RISES TO LOW EXPECTATIONS"

RECOGNITION OF SPEAKER	Mary Ann Mobley Collins Member National Council on Disability Washington, DC
CONFERENCE LOGISTICS	Dr. Frederick D. Bedell Conference Coordinator President Del--K Educational Consultancy Services Albany, NY
CLOSING REMARKS	Dr. Everette Witherspoon Vice-President Academic Affairs Jackson State University
10:20 a.m. - 10:30 a.m.	BREAK
10:30 a.m. - 12:00 Noon	WORKSHOPS: SESSION I
A. EMPLOYMENT	
Moderator	Dr. George Oberle Member National Council on Disability Washington, DC
Presenter	Ms. Alyce Jenkins Associate Professor Rehabilitation Services Wright State University Dayton, OH
Panelists	Claude Grant, Jr. Employment Advisor President's Committee on Employment of People with Disabilities Washington, DC
	Loran Graham Handicapper Program Manager Department of Civil Service Lansing, MI

Dr. Daniel Wong
Associate Professor
San Jose State University

Recorders

Dr. Louise Jones
Acting Chairperson
Department of Education Foundations and Leadership
Jackson State University

Ms. LaWanda Smith-Cline, Teacher
Hazelhurst Elementary School
Jackson, MS

B. RESEARCH NEEDS OF MINORITIES WITH DISABILITIES

Moderator

John A. Gannon
Member
National Council on Disability
Washington, DC

Presenter

Dr. Paul Leung
Director
Division of Rehabilitation
Education Services
University of Illinois at Urbana-Champaign

Panelists

Dr. Jean Farish
Assistant Professor
Department of Special Education and Rehabilitative Services
Jackson State University

Dr. Sylvia Walker
Howard University
Research and Training Center
Washington, DC

C. MENTAL HEALTH

Moderator

Anthony H. Flack
Member
National Council on Disability
Washington, DC

Presenter	Dr. Timothy Summers Psychiatrist Jackson, MS
Panelists	Henry Williams Director Intensive Case Management Bronx Psychiatric Center Bronx, NY
	Dr. Lynda Katz Project Director Western Psychiatric Institute and Clinic University of Pittsburgh
	Dr. Doreen Miller Associate Professor Department of Psychology and Rehabilitation Counseling Services Southern University
Recorders	Dr. Sherry Briggs Associate Professor Department of Special Education and Rehabilitation Services Jackson State University
	Ms. Velma J. Bingham Student, Elementary Education Jackson State University
12:15 p.m . - 2:00 p.m.	LUNCHEON
Presiding	Dr. Hill Williams Assistant Professor Health, Physical Education and Recreation Jackson State University

INVOCATION	Dr. Ivory Phillips Professor Department of Curriculum and Instruction Jackson State University
OPENING REMARKS	John A. Gannon Member National Council on Disability Washington, DC
INTRODUCTION OF SPEAKER	Larry Brown, Jr. Member National Council on Disability Washington, DC
SPEAKER	John R. Dunne Assistant Attorney General Civil Rights Division U.S. Department of Justice Washington, DC
RECOGNITION OF SPEAKER	Larry Brown, Jr. Member National Council on Disability Washington, DC
CLOSING REMARKS	Dr. Mariam Talley Director Graduate Program School of Education Jackson State University
2:00 p.m. - 3:30 p.m.	WORKSHOPS: SESSION II
Moderator	Dr. George H. Oberle Member National Council on Disability Washington, DC
Presenter	Dr. Frank Giles Director Rehabilitation Counseling Program Jackson State University

Panelists	Dr. Madan Kundu Director Rehabilitation Counseling Program Southern University
	Dr. Eddie Glenn Professor Rehabilitation Counseling South Carolina State College
	Dr. William Talley Director Rehabilitation Program University of Maryland-ES
Recorder	Dr. Gloria Dansby-Giles Assistant Professor Department of Counseling and Human Resource Education Jackson State University

B. PREVENTION OF PRIMARY AND SECONDARY DISABILITIES

Moderator	A. Kent Waldrep, Jr. Vice Chairperson National Council on Disability Washington, DC
Presenter	Julie A. Clay Project Manager Prevention of Secondary Disability Montana University Affiliated Rural Institute on Disabilities University of Montana
Panelists	Katherine Williams Chief Office of Disability Consumer and Regulatory Affairs Washington, DC

	Larry Burt Director Disabilities Prevention Program Centers for Disease Control Atlanta, GA
Recorder	Dr. Leroy Kemp Professor Department of Curriculum and Instruction Jackson State University

C. EMPOWERMENT

Moderator	Dr. Ivory Phillips Professor of Social Science Education and Geography Jackson State University
Presenter	Eva Britt Attorney Information, Protection and Advocacy Center for Handicapped Individuals Washington, DC
Panelists	Cheryl Wu Coordinator Hearing Impaired Program Big Brothers, Big Sisters San Francisco, CA
	Kaye Gainer ADA Consultant Association of Retarded Citizens Atlanta, GA
Recorder	Dr. ReJohna Brown Professor Department of Curriculum and Instruction Jackson State University

3:35 p.m. - 3:45 p.m.	BREAK
3:45 p.m. - 5:15 p.m.	WORKSHOPS: SESSION III

A. PHYSICAL HEALTH

Moderator	A. Kent Waldrep, Jr. Vice Chairperson National Council on Disability Washington, DC
Presenter	Dr. Anita Leal Director, Employee Support Program University of California Santa Cruz, CA
Panelists	William Murrain Program Specialist Minority Health Centers for Disease Control Atlanta, GA
	Janet Foster Program Director New York State Department of Health
Recorder	Dr. Anita Hall Chairperson Department of Curriculum and Instruction Jackson State University

B. SUBSTANCE ABUSE

Moderator	Dr. Louise Jones Acting Chairperson Department of Education Foundations and Leadership Jackson State University

Presenter	Dr. James Brown Psychologist Florida Department of Labor and Employment Security, Division of Vocational Rehabilitation Tallahassee, Florida
Panelists	Milagros V. McGuire Supervisor Hispanic and Special Populations Program Rehabilitation Services Washington, DC
	Dr. Edward Smith Assistant Professor Rehabilitation Counselor Education Programs University of Wisconsin
	John Smith Project Director Office of Health Promotion Morehouse School of Medicine
	Dr. Evelyn Davis Assistant Clinical Professor of Pediatrics Behavioral and Developmental Pediatrician Harlem Hospital Center Columbia University New York, NY
Recorders	Dr. Richard T. Middleton III Director of Student Teaching and Field Services Jackson State University
	Ms. Dorothy Fort Teacher Canton High School Jackson, MS

C. EDUCATION

Moderator	Dr. Franklin D. Jefferson Associate Professor Department of Curriculum and Instruction Jackson State University
Presenter	Dr. Frederick D. Bedell President, Del-K Educational Consultancy Services Albany, NY
Panelists	Dr. Bruce Ramirez Special Assistant Ethnic and Multicultural Concerns Council for Exceptional Children Reston, VA
	Dr. Tennyson J. Wright Assistant Provost University of South Florida Tampa, FL
	Dr. Julian Castillo Professor Division of Health Related Professions University of Texas Edinburg, TX
Recorder	Dr. William Rush Assistant to the Dean School of Education Jackson State University
5:45 p.m. - 7:30 p.m.	RECEPTION Hosted by Department of Special Education and Rehabilitative Services Jackson State University
HOSTESS	Ms. Debra Lee, Student Special Education Jackson State University

SPECIAL GUEST	Mrs. Margie Funches 1992 Retiree Department of Special Education and Rehabilitation Services Jackson State University

Thursday, May 7, 1992

9:00 a.m. - 12:00 noon	SECOND GENERAL SESSION
PRESIDING	Dr. Melvin Evans Chairman Department of Health Physical Education and Recreation Jackson State University
INVOCATION	Dr. Richard T. Middleton III Postulant St. Mark's Episcopal Church Jackson, MS
GREETINGS	Larry Brown, Jr. Member National Council on Disability Washington, DC
	Dr. Everette Witherspoon Vice President for Academic Affairs Jackson State University
	Dr. E. C. Foster President, City Council Jackson, MS
	Dr. Yvonne Brooks Assistant Superintendent Exceptional Education Jackson Public Schools

Dr. Carolyn Black
Bureau of Special Services
State Department of Special Education
Jackson, MS

Mr. Albert J. Couthen
Attendance Center Principal
Mississippi School for the Deaf
Jackson, MS

PANEL DISCUSSION	EMERGING ISSUES
Moderator	Maggie Wade WBLT- Channel 3 Jackson, MS
Presenters	
Education	Dr. Tennyson Wright Assistant Provost University of South Florida Tampa, FL
Health	Janet Foster Program Director New York State Department of Health
	Dr. Henry Lewis Dean College of Pharmacy and Health Services Texas Southern University
Rehabilitation	Ruth Royal Hill Administrator Rehabilitation Services Administration Washington, DC
Employment	Claude Grant Employment Advisor President's Committee on Employment of People with Disabilities Washington, DC

Research	Delores Watkins Program Specialist National Institute on Disability and Rehabilitation Research Washington, DC
Recorders	Dr. T. Lee Napier Professor Department of Administration and Supervision Jackson State University
	Ms. Lois Ann Pearce Teacher, Brandon Elementary School Jackson, MS
	Ms. Rosaline Thomas Teacher Clausell Elementary School Jackson, MS
12:00 p.m. - 3:00 p.m.	LUNCHEON AND CLOSING SESSION
PRESIDING	Dr. Vivian Taylor Associate Professor Department of Curriculum and Instruction Jackson State University
INVOCATION	Dr. Mariam Talley Professor Graduate Programs School of Education Jackson State University
OPENING REMARKS	Dr. Celestine R. Jefferson Chairperson Department of Special Education and Rehabilitative Services Jackson State University
INTRODUCTION OF SPEAKER	Ms. Patty Jo Spiek, Student Elementary Education Jackson State University

SPEAKER	Dr. Ruby Wiggins Associate Professor Department of Special Education and Rehabilitative Services Jackson State University
COMMENTS	Representatives from Jackson State Student Body
	Mrs. Elizabeth Stewart Graduate Student Department of Educational Foundations and Leadership
	Mrs. Patty Jo Spiek, Student Elementary Education
	Mrs. Clyde Speaks, Student Special Education and Rehabilitative Services
	Mrs. Beth Jeter, Student Health, Physical Education and Recreation
	Mr. Eric D. Williams, Student Elementary Education
	Ms. Gloria Wynn Graduate Student Department of Counseling and Human Resources Education
	Ms. Debra Lee, Student Special Education and Rehabilitative Services
	Ms. Bettie Martin, Student Elementary Education
RECOGNITION OF SPEAKER	John A. Gannon Member National Council on Disability Washington, DC

REPORTS FROM WORKSHOPS

Employment
Recorder: Dr. Louise Jones

Research
Recorder: Dr. Earl Leggette

Mental Health
Recorder: Dr. Sherry Briggs

Rehabilitation
Recorder: Dr. Gloria Giles

Prevention
Recorder: Dr. Leroy Kemp

Empowerment
Recorder: Dr. ReJohna Brown

Physical Health
Recorder: Dr. Anita Hall

Substance Abuse
Recorder: Dr. Franklin Jefferson

Panel Discussion
Recorder: Dr. T. Lee Napier

THE NEXT STEPS

Larry Brown, Jr.
Member
National Council on Disability
Washington, DC

CLOSING REMARKS

Sandra Swift Parrino, Chairperson
National Council on Disability
Washington, DC

APPENDIX B

List of Conference Participants

National Council on Disability/Jackson State University
The Unique Needs of Minorities with Disabilities: Setting An Agenda For The Future
Jackson, Mississippi
May 6-7, 1992

PARTICIPANTS LIST

Sandra Swift Parrino
Chairperson, National
Council on Disability
Washington, DC

Mary Ann Mobley Collins
Member, National Council
on Disability
Washington, DC

Larry Brown, Jr.
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Clyde Speaks
Eric D. Williams
Bettie Martin
Gloria Wynn
Patty Jo Spiek
Beth Jeter
Debra Lee
Calvin Williams
Velma Bingham

APPENDIX C

ADA Watch Hearing Agenda

National Council on Disability
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An Independent
Federal Agency

AGENDA:
NATIONAL COUNCIL ON DISABILITY
HEARING ON MINORITIES WITH DISABILITIES
AND
IMPLEMENTATION OF
THE AMERICANS WITH DISABILITIES ACT (ADA)
SAN FRANCISCO
WEDNESDAY, OCTOBER 21, 1992

Presiding: Kent A. Waldrep, NCD Vice Chairperson

9:00 - 10:00 A.M. "Open Microphone"

10:00 - 10:45 A.M. Overview Panel: ADA Issues Affecting Minority Persons with Disabilities.

Edmond Hsin-tung Pi, Ph.D., Los Angeles, Calfornia. Director, Transcultural Psychiatry, USC of Medicine. Perspective of Asian Americans, Pacific Islanders and the Refugee Communities.

Betty Wilson, Los Angeles, Calfornia. Director, Mayor's Office on Disability, City of L.A. Perspective of African Americans and other ethnic minorities.

June Eustis, Arizona.
Director, Protection & Advocacy Project, Navajo and other Nations.
Perspective of Native Americans.

Hector E. Mendez, Walnut Creek, California.
Executive Director, La Familia Counseling Service, Hayward.
President, Festiva Educativa, California.
Perspective of the Hispanic Communities.

11:00 - Noon.
Panel I: Title I: Employment.

Gerald Baptiste, Berkeley.
Assistant Director, Center for Independent Living.

Alan Woo, Los Angeles.
Executive Director, Asian Rehabilitation Services, Inc.
Chairman, Asian Pacific Committee on Disability.

Robert Sifuentes, Sacramento, California.
Affirmative Action and EEO Officer, California Energy Commission and Member, Disabled in State Service [DISS];

Charles A. Harris, San Jose, California.
Immediate Past Chairman, California Governor's Committee on Employment of Disabled Persons.

1:30 - 2:30 P.M. - "Open Microphone"

2:30 - 3:15 P.M.
Panel II: Title II - State and Local Government (Includes Transportation).

Johnnie Lacy, Hayward, California.
Executive Director, Community Resources for Independent Living [CRIL], Hayward.

Alexa Tee, Sacramento, Calfornia.

Miguel Esparza, Van Nuys, California.
Senior Rehabilitation Counsellor, California Department of Rehabilitation.

3:30 - 4:30 P.M.
Panel III: Title III - Public Accommodations (Includes Transportation).

Ramona Garcia, R.N., Sacramento, California.
President, Board of Directors, Resources for Independent Living [RIL], Sacramento.

Charlotte Townsend, Honolulu, Hawaii.
Assistant Director, Hawaii State Commission on Persons with Disabilities.

Robert J. Neves, San Bernardino, California.
Principal Consultant, Barrier-Free Consulting.

4:30 - 5:00 P.M.
Panel IV: Title IV - Telecommunications.

5:00 - 5:20 P.M. - Wrap-Up Session.

Bobbie J. Atkins, Ph.D., San Diego, California.
Professor, Department of Administration, Rehabilitation and Postsecondary Education, San Diego State University.

5:20 - 5:30 P.M. - Closing Remarks.
Vice Chairperson Kent A. Waldrep.

APPENDIX D

National Council Member and Staff Biographies

NATIONAL COUNCIL MEMBER AND STAFF BIOGRAPHIES

National Council Members

John A. Gannon, Acting Chairperson

John Gannon of Cleveland, Ohio, and Washington, D.C., founded John A. Gannon and Associates. His firm has offices in Columbus and Cleveland, Ohio; Denver, Colorado; and Washington, D.C. A fire fighter for more than 30 years, Mr. Gannon was an active leader of the International Association of Fire Fighters (IAFF) Local 93. Starting as a member of the local IAFF committee, he eventually became president, a position he held for 10 years before being elected to national office.

In September 1988, Mr. Gannon was elected IAFF president emeritus. He had served as President of the 170,000-member organization since 1980. Under his leadership, the IAFF expanded its role in occupational safety and health. Concerned about the hazards of his profession, he guided and directed a series of programs to promote greater safety and health protection. One program sponsored research on safer garments and equipment for fire fighters. Mr. Gannon also fostered development of the IAFF Burn Foundation, which raises funds for research on the care of people who have experienced severe burns. In 1985, the Metropolitan General Hospital in Cleveland dedicated the John Gannon Burn and Trauma Center in recognition of his support for the hospital.

Mr. Gannon was elected vice president of the AFL-CIO, with which the IAFF is affiliated. Within the AFL-CIO, he is vice president of the Public Employee Department. On the Executive Council, he is a member of several committees. He serves on the board of the National Joint Council of Fire Service Organizations and in 1982 served as its chairman. He is a member of the board of the Muscular Dystrophy Association. Mr. Gannon attended Miami University in Ohio and Glasgow University in Scotland, and studied at Baldwin-Wallace College and Cleveland State University.

A. Kent Waldrep, Jr., Vice Chairperson

Kent Waldrep has been involved with disability issues on the local, state, and national levels since his spinal cord injury in 1974 while playing football for Texas Christian University. Since 1981, Mr. Waldrep has served on the National Council. Beyond serving as vice chairperson, he serves as chairman of the Research and Prevention Committee. He was instrumental in formulating the National Council initiative on preventing primary and secondary disabilities.

Mr. Waldrep, one of 15 original drafters of the Americans with Disabilities Act, gave the legislation its name. He has lectured nationwide on subjects ranging from national disability policy to medical research targeted at curing paralysis. He founded the American Paralysis Association and the Kent Waldrep National Paralysis Foundation. He has appeared on *Good Morning America*, the *Today Show*, the *NBC Nightly News*, and CNN, and has been featured in *People*, *Look*, *USA Today*, and other magazines.

He was selected by the U.S. Jaycees as one of 1985's ten Outstanding Young Men in America and received a special award from the Texas Sports Hall of Fame and a sports/fitness award from the President's Council on Physical Fitness. Kent Waldrep Days have been celebrated in four Texas cities and Birmingham, Alabama. He serves on many boards, including the Texas Rehabilitation Commission. He is past chairman of the Texas Governor's Committee for Disabled Persons and the Dallas Rehabilitation Institute. He also is chairman of Turbo-Resins, Inc., a family-owned and -operated aviation repair business. He lives in Plano, Texas, with his wife, Lynn, and two sons, Trey and Charles Cavenaugh.

Linda Wickett Allison

Linda Allison of Dallas, Texas, is a long-time advocate of people with disabilities. She is a board member of the National Paralysis Foundation and a trustee for the International Spinal Research Trust. Mrs. Allison, who grew up in Fort Worth, has three children. Her daughter, Marcy, was paralyzed from the waist down in a 1979 automobile accident. Marcy graduated from the University of Texas School of Law in 1986 and practices law in Austin. Mrs. Allison's late husband, James N. Allison, Jr., owned the *Midland Reporter Telegram* and other newspapers in Texas and Colorado and was a deputy chairperson of the Republican National Committee.

Ellis B. Bodron

Ellis Bodron of Vicksburg, Mississippi, has been a practicing attorney since 1947. He served 36 years as a member of the Mississippi legislature, one term in the House of Representatives, and eight terms in the Mississippi Senate. He also chaired the Senate Finance Committee from 1961 until 1983.

Mr. Bodron, who is blind, is associated with several civic organizations, including the Vicksburg Lions Club, Vicksburg Chamber of Commerce, and the

University of Mississippi Alumni Association. In addition, he is a member of the Advisory Board of Directors, Deposit Guaranty National Bank.

Mr. Bodron has also been a member of the Agriculture and Industrial Board, which preceded the Board of Economic Development, and the Committee of Budget and Accounting and the Board of Trustees of the Mississippi Public Employees Retirement System. He graduated with a Bachelor of Arts and a Bachelor of Law Degree from the University of Mississippi. He is married with two children.

Larry Brown, Jr.

Since 1981, Larry Brown of Potomac, Maryland, has been the Xerox business and community relations manager for the Mid-Atlantic Region, Coastal Operations, Custom Systems Division. In 1993, he became community affairs manager with Xerox U.S. Customer Operations.

Mr. Brown was a running back for the Washington Redskins for eight years. During that time, he received many awards, including Most Valuable Player in the National Football League for 1972. He was inducted into the Washington, D.C., Touchdown Club Hall of Fame in 1991.

After retiring from football in 1977, he worked at E.F. Hutton as a personal financial management adviser. He has been special assistant to the director, Office of Minority Business Enterprise, Department of Commerce. He is involved with youth, people with disabilities, and senior citizens. Mr. Brown has spoken at schools, colleges, and universities on topics such as motivation, discipline, and camaraderie. He works with many organizations, including the Friends of the National Institute on Deafness and Other Communication Disorders, the Deafness Research Foundation, the United Negro College Fund, and the Vincent Lombardi Foundation.

Mary Ann Mobley Collins

A former Miss America who lives in Beverly Hills, California, Mary Ann Mobley Collins has a career in film, television, and on Broadway. She has co-hosted National March of Dimes telethons with her husband, Emmy-award-winning actor Gary Collins; she is a member of the National Board of the March of Dimes Foundation and is national chair of the Mother's March Against Birth Defects. She is a member of SHARE, a Los Angeles-based women's organization that has raised more than $6 million for the Exceptional Children's Foundation for the Mentally Retarded. She serves on the National Board of the Crohns and Colitis Foundation.

Mrs. Collins helped raise funds for the Willowood Foundation in her native Mississippi, which provides homes for young adults with mental and physical disabilities. She has received many awards and honors, including the 1990 International Humanitarian Award from the Institute for Human Understanding, Woman of Distinction 1990 from the National Foundation for Ileitis and Colitis, and the HELP Humanitarian Award of 1985 from HELP for Handicapped Children. She has filmed documentaries in Cambodia, Ethiopia, Mozambique, Somalia, Kenya, Sudan, and Bolivia on the plight of starving children and people with disabilities.

Anthony H. Flack

Anthony Flack of Norwalk, Connecticut, is president of Anthony H. Flack & Associates. He has been a member of the board of Families and Children's Aid of Greater Norwalk and has worked with the Child Guidance Center of Greater Bridgeport, the Youth Shelter in Greenwich, Hall Neighborhood House in Bridgeport, and the Urban League of Greater Bridgeport. Mr. Flack is a member of the Allocations and Admissions Committee, United Way of Norwalk, and received the Bell Award for outstanding service in the field of mental health at the Bridgeport Chapter, Connecticut Association of Mental Health.

Robert S. Muller

Robert Muller of Grandville, Michigan, began his career with Steelcase, Inc., in 1966 and is now an administrator in human resources. He is an adjunct professor in the Department of Psychology at Aquinas College and in the Department of Education at Calvin College in Grand Rapids. He serves on the Board of Trustees for Hope Network and Foundation in Grand Rapids, which serves 1,700 adults with disabilities. In April 1981, he received an honorary degree in educational psychology from the Free University in Amsterdam, The Netherlands.

Mr. Muller holds a B.S. in business administration from Aquinas College and in 1978 was voted Outstanding Alumnus of the Year. He has lectured at colleges and universities nationally and internationally. He is a board member for several national, state, and local organizations.

In May 1987, Mr. Muller and his wife Carol hosted a first-time event at the White House with the Vice President. The Celebration of Disabled Americans at Work was cosponsored by several major corporations. Mr. Muller now serves as president of the National Roundtable on Corporate Development for Americans with Disabilities. In 1985, he received the Liberty Bell Award from the Grand Rapids Bar Association. In 1988, he was national co-chair of the Disabled Americans for President Bush Campaign and in 1992 was an honorary national member of the Bush/Quayle Disability Coalition Campaign. In November 1992, Mr. Muller was appointed to the Governor's Commission on Handicapped Concerns for Michigan.

George H. Oberle, PED

Dr. George Oberle of Stillwater, Oklahoma, has more than 40 years' experience in the field of health, physical education, and recreation. He began his career as a high school teacher and coach and has been a professor and director of the School of Health, Physical Education, and Leisure at Oklahoma State University since 1974. Dr. Oberle is a consultant to many organizations in the areas of administration and adaptive physical education. In 1988, he worked with the Kennedy Foundation to organize and direct a new program of Unified Sports for the Special Olympics.

Dr. Oberle chaired the College and University Administrators Council (1980-82); was president of the Association for Research, Administration, Professional Councils and Societies (1984-87); and served as a board member of the American Alliance of Health, Physical Education, Recreation and Dance (1985-89). His awards include the 1985 Centennial Award from the American Association of Health, Physical Education, Recreation and Dance; and meritorious service awards from Indiana and Oklahoma.

He was selected for *Men of Achievement* in 1975 and recognized in *Who's Who of the Southwest* in 1977. Dr. Oberle received his doctorate from Indiana University in administration and adapted physical education. He lectures extensively about wellness promotion, adapted physical activity, and sports and recreation for people with disabilities.

Sandra Swift Parrino

As a member and former chairperson of the National Council, Sandra Swift Parrino has played an active role in key issues affecting the lives of people with disabilities. Nominated by President Reagan in 1982, appointed chairperson by the President in 1983, and reappointed by President Bush, Sandra Swift Parrino has supported the rights of people with disabilities before Congress, in the media, and before groups nationwide. Under her leadership, the National Council has been a driving force to create public policies that affect the nation's people with disabilities.

During her tenure as chairperson, the National Council worked for the creation and enactment of legislation for people with disabilities; issued policy statements such as *National Policy for Persons With Disabilities*; convened hearings nationwide to solicit comments and recommendations from people with disabilities about how to eliminate discrimination; issued a major report, *Toward Independence*, that outlines key components of a comprehensive civil rights law protecting people with disabilities; initiated the first national survey of attitudes and experiences of Americans with disabilities, in conjunction with Louis Harris and Associates, Inc.; issued *On the Threshold of Independence*, a report outlining specifics of the Americans with Disabilities Act; created and developed the Americans with Disabilities Act; participated with President Bush at the signing of the Americans with Disabilities Act; conducted the first National Conference on the Prevention of Primary and Secondary Disabilities; issued reports on minorities with disabilities and personal assistance services; and planned reports on health insurance, financing assistive technology, and educating students with disabilities.

Before becoming National Council chairperson, Sandra Parrino founded and directed the Office for the Disabled in Ossining and in Briarcliff Manor, New York, where she created a regional program for public and private organizations that focused on programs for people with disabilities and compliance with Section 504. She has more than 25 years' experience on boards, councils, commissions, committees, and task forces at the federal, state, regional, and local levels and as an expert witness, community leader, organizer, and activist.

Mrs. Parrino has represented the U.S. government on disability issues in many countries. She has been invited by the Department of State to represent the United States at the Meetings of Experts in Finland and China, and represented the United States at the United Nations Center for Social Development in Vienna several times. In 1990, 1991, and 1992 she was a delegate at the Third Committee on Social Development of the United Nations. In 1991, she was invited by the People's Republic of China to assist them in their efforts to help people with disabilities. At the request of the government of Czechoslovakia, she and the National Council were invited to conduct the Eastern European Conference on Disabilities for participants from Czechoslovakia, Poland, and Hungary.

Mrs. Parrino graduated from Briarcliff College with a B.A. in history and completed courses at Bennett College, GuildHall School of Drama in London, and the Yale School of Languages. In 1992, Mrs. Parrino received an Honorary Doctorate of Humane Letters from St. John's University in New York. Her husband Richard is a rheumatologist. They have three children, two of whom have disabilities. Sandra Parrino was born in New Haven, Connecticut, and lives in Briarcliff Manor, New York.

Mary Matthews Raether

Mary Matthews Raether of McLean, Virginia, is associated with St. John's Child Development Center, a nonprofit organization providing instruction, employment training, and independent and group home living skills for people with severe mental disabilities, especially autism. Mrs. Raether has been an officer and trustee of St. John's since 1985, has chaired the public relations committee, and participated on the executive, nominating, investment, and development committees.

Mrs. Raether has been active in civic, educational, and religious organizations in the Washington metropolitan area. While community vice president of the Junior League of Washington, she developed emergency grant procedures and fund-raising information services for small and emerging nonprofit organizations. Mrs. Raether has 10 years' experience as legislative assistant to Representatives George Bush and Barber Conable. She specialized in tax, Social Security, Medicare/Medicaid, and trade issues. She considers her efforts in clarifying the tax status of lobbying by nonprofit organizations an outstanding career accomplishment. She received a B.A. from the University of Texas at Austin in 1962. She is married and has two children.

Shirley W. Ryan

Shirley W. Ryan, of Kenilworth, Illinois, is president and co-founder of the Pathways Center for Children, an outpatient, individualized neurodevelopmental therapy center for children with delayed gross or fine motor activity and/or motor-based eating problems. In a related activity, Mrs. Ryan is president and co-founder of Pathways Awareness Foundation, a public health care awareness organization that focuses on issues that include child development problems and procedures for early infant assessment of children with special needs.

As part of her outreach commitment to the community, Mrs. Ryan serves as a trustee for the Ronald McDonald's Children's Charities and also is director of the United Cerebral Palsy Association of Chicago. She also participates as an Executive Committee member for the Chicago Community Trust, a public foundation that makes awards in the areas of health, social services, education, civic affairs, and arts and humanities.

Her other activities include service as vice chairman, Board of Directors, Chicago Council on Foreign Relations; founder, Northwestern University graduate school invitational course; founding member, Northwestern University Women's Board; and director, Chicago Foundation on Education.

Mrs. Ryan's mission continues to focus on helping children with movement difficulties and their families. Thanks to her vision and perseverance, hundreds of thousands of Americans have learned what signs in a baby's physical development may signal delayed development and the need for assistance. Mrs. Ryan is married and has three children.

Anne Crellin Seggerman

Anne Crellin Seggerman of Fairfield, Connecticut, is the founder of Fourth World Foundation, Inc., a company engaged in the development of interfaith media.

A member of the Bridgeport Urban Gardens and Youth at Risk/ Breakthrough Foundation, Mrs. Seggerman founded and serves as the chairman of the board of the Fairfield County Chapter of Huxley Institute for Biosocial Research. She previously was a member of the President's Committee on Mental Retardation.

Mrs. Seggerman is listed in *Who's Who of American Women* and has received numerous honors including an Honorary Doctor of Humane Letters award from Sacred Heart University. She is a member of the Association of Knights and Ladies of the Holy Sepulchre, and the American Association of the Order of Malta. She was previously appointed to serve on the Housing of Handicapped Families Committee of the Department of Housing and Urban Development.

Mrs. Seggerman is experienced in providing care, treatment, and rehabilitation to people with schizophrenia and has extensive experience with people with alcoholism and children with learning disabilities. She is married and has six adult children.

Michael B. Unhjem

Michael Unhjem of Fargo, North Dakota, is president of Blue Cross Blue Shield of North Dakota. He is the youngest person ever elected to the North Dakota House of Representatives, a member of the National Conference of Commissioners on Uniform State Laws, and served in 1988 as president of the National Mental Health Association.

Mr. Unhjem has been involved in local and national organizations, including the Advisory Mental Health Council of the U.S. Department of Health and Human Services; the Governor's Commission on Mental Health Services; the National Alliance for Research on Schizophrenia and Depression; and the National Mental Health Leadership Forum. Awards include the 1989 Special

Presidential Commendation from the American Psychiatric Association, the 1988 Distinguished Leadership Award from the North Dakota Psychological Association, and the National Excellence in Leadership Award from North Dakota.

He has been recognized by *Who's Who in American Politics, Who's Who in North Dakota, Who's Who in the Midwest, Personalities of America,* and *Men of Achievement.* Mr. Unhjem graduated magna cum laude with a B.A. in history and political science from Jamestown College in North Dakota in 1975. In 1978, he earned a J.D. with distinction from the University of North Dakota School of Law in Grand Forks. He is married and has two children.

Helen Wilshire Walsh

Helen Walsh of Greenwich, Connecticut, is a board member of the Rehabilitation Institute of Chicago, one of the largest rehabilitation facilities in the world. She has been involved in disability advocacy for many years and has been associated with the Institute of Rehabilitation Medicine at the New York Medical Center, where she served as associate trustee. She has served as vice president, president, and chairman of the Board of Rehabilitation International, USA.

Ms. Walsh has been a member of the President's Committee on Employment of People With Disabilities, and was appointed by the president to serve as a Member of the National Advisory Council of Vocational Rehabilitation. In 1976, Ms. Walsh received the Henry J. Kessler Award for outstanding service in the rehabilitation field. She has received the Rehabilitation International Award for Women and the Anwar Sadat Award for outstanding work in the field of rehabilitation.

National Council Staff

Andrew I. Batavia

Andrew I. Batavia is executive director of the National Council on Disability. He formerly served as research director for disability and rehabilitation policy at Abt Associates. Prior to joining Abt, he was associate director of the White House Domestic Policy Council, where he was responsible for coordinating federal policy on health care, disability, housing, education, and veterans affairs. He received his bachelor's degree in economics and sociology from the University of California, his master's degree in health services research from Stanford Medical School, and his jurisdoctorate degree from Harvard Law School.

After law school, Mr. Batavia served for two years as an attorney for the U.S. Department of Health and Human Services. He left that position in 1986 when he was awarded the Mary E. Switzer Distinguished Research Fellowship in Medical Rehabilitation Finance from the National Institute on Disability and Rehabilitation Research (NIDRR) of the U.S. Department of Education. He then served for four years as associate director for health services research at the National Rehabilitation Hospital Research Center in Washington, D.C. In that capacity, he wrote two books and more than 20 other publications on issues of disability and health care policy.

In 1987, Mr. Batavia was made a fellow of the Washington Academy of Sciences. In 1988, he was awarded the Distinguished Disabled American Award from the President's Committee on Employment of People With Disabilities. In 1989, he received an international fellowship from the International Disability Exchanges and Studies (IDEAS) Program of NIDRR and conducted research on how the Dutch health care system affects people with disabilities. In 1990, he was appointed a White House Fellow by the President and served as special assistant to Attorney General Richard Thornburgh at the U.S. Department of Justice.

Mr. Batavia is the founding associate editor of the *Journal of Disability Policy Studies* and a cofounding board member of Independent Living Assistance, Inc. He is an adjunct assistant professor at the Georgetown University School of Medicine and a member of the Bar of the U.S. Supreme Court, the Bar of the District of Columbia, the State Bar of California, and Georgetown's Kennedy Institute of Ethics.

Edward P. Burke

Edward P. Burke currently serves as executive assistant to the chairperson and chief of government liaison of the National Council on Disability. Prior to assuming this position, Mr. Burke served as special assistant to the commissioner at the U.S. Administration on Developmental Disabilities, where he worked closely with the commissioner and senior staff in the management of an annual budget in excess of $105 million supporting a nationwide network of more than 160 programs (Developmental Disabilities Councils, Protection and Advocacy Systems, University Affiliated Programs, and Projects of National Significance).

Mr. Burke has also served as the executive director of the New Hampshire Developmental Disabilities Council and executive director of Autism Services Association in Massachusetts. He has extensive experience in direct work with people with severe disabilities and their family members, particularly concerning issues such as family support, individual support and advocacy, special education in mainstream neighborhood schools, responsible deinstitutionalization programming, and expert court opinion.

Mr. Burke holds several degrees and certifications in the areas of special and regular education and was awarded one of two Winston Churchill Fellowships granted to U.S. citizens in 1979. He has considerable experience in serving as a consultant and trainer to major government and private sector agencies in this country and abroad around the planning, implementation, and evaluation of programs designed to increase the independence and community integration of people with disabilities, and he has published and edited numerous articles and papers on both the clinical and policy aspects of serving people with disabilities.

Billie Jean Hill

Billie Jean Hill joined the staff of the National Council on Disability as program specialist in March 1992. Previously, Ms. Hill was director of communications and editor for the Blinded Veterans Association and earlier served as founding director of a statewide broadcast service for persons with reading disabilities with Mississippi Educational Television in her home state. She was appointed to work on a governor's commission in Mississippi to report on the needs of children and youth in rural Mississippi who are disabled. Ms. Hill studied journalism and education at Mississippi University for Women and at the University of London in England. She serves as chairperson of the Board of Publications for the American Council of the Blind.

Mark S. Quigley

Mark Quigley joined the staff as a public affairs specialist in May 1990. He previously served as a consultant to the U.S. National Commission on Drug-Free Schools. He is a former program coordinator at the U.S. Interagency Council on the Homeless and former director of communications at the White House Conference on Small Business. Mr. Quigley graduated *magna cum laude* in 1979 from Northern Virginia Community College in Annandale, Virginia, with an A.A. in general studies. He received a B.A. in government and politics in 1983, and an M.P.A. in public administration in 1990 from George Mason University in Fairfax, Virginia.

Brenda Bratton

Brenda Bratton, executive secretary for the National Council, was formerly employed as a secretary at the National Transportation Safety Board. Ms. Bratton graduated from Farmville Central High School and the Washington School for Secretaries.

Stacey S. Brown

Stacey Brown is staff assistant to the chairperson and has been employed by the National Council since 1986. Prior experience includes employment as a receptionist and clerk with the Board for International Broadcasting and with the Compliance and Enforcement Unit of the Architectural and Transportation Barriers Compliance Board, where he was a student assistant. Mr. Brown is a graduate of Howard University in Washington, D.C., where he earned a B.A. in political science in 1987.

Janice Mack

Janice Mack, who serves as the administrative officer for the National Council, was formerly employed with the National Oceanic and Atmospheric Administration. Ms. Mack graduated from Calvin Coolidge High School.

Lorraine Williams

Lorraine Williams is office automation clerk for the National Council. She graduated from Valdosta High School in Valdosta, Georgia, and attends Strayer College, where she is majoring in computer information systems science.

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